

<p>1.) CORPORATION NAME: <b>VIRGINIA CHAPTER OF THE AMERICAN SOCIETY FORHEALTHCARE RISK MANAGEMENT</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>STEPHAN MILO WHARTON ALDHIZER ET AL 125 S AUGUSTA ST STE 2000  STAUNTON, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>STAUNTON CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b></p>	<p>DUE DATE: <b>11/30/2013</b></p> <p>SCC ID NO: <b>05303904</b></p> <p>5.) STOCK INFORMATION  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> </table> </p>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O JANET POFERL  
253 Westminister Dr

CITY/ST/ZIP: FISHERSVILLE, VA 22939

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: JANET PAYNE TITLE: VICE PRESIDENT ADDRESS: 4200 INNSLAKE DR CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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<p>NAME: CARLA DALLMANN TITLE: TREASURER ADDRESS: 280 ASHLAND DR CITY/ST/ZIP/CO: WINCHESTER, VA 22603</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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<p>NAME: Maureen Burke TITLE: PRESIDENT ADDRESS: 8110 Gatehouse Rd CITY/ST/ZIP/CO: Falls Church, VA 22042</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ CARLA DALLMANN	CARLA DALLMANN, TREASURER	9/22/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.