

1.) CORPORATION NAME:

**Resort Hotel Insurance Services, Inc.**

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BROOKS W CHASE  
2100 E CARY ST STE 3  
RICHMOND, VA 23223**

SCC ID NO: **05681804**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2100 EAST CARY ST  
STE 3

CITY/ST/ZIP: RICHMOND, VA 23223

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.

NAME:	BROOKS W CHASE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2100 E CARY ST STE 3		
CITY/ST/ZIP/CO:	RICHMOND, VA 23223		
NAME:	DAVID A KEAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2100 EAST CARY STREET SUITE 3		
CITY/ST/ZIP/CO:	RICHMOND, VA 23223		
NAME:	LORI K WOOD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2100 EAST CARY STREET SUITE 3		
CITY/ST/ZIP/CO:	RICHMOND, VA 23223		
NAME:	MARK R. GRENOBLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	14635 N. KIERLAND BLVD. SUITE 150		
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85254		
NAME:	SARA A AMMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	2100 EAST CARY STREET SUITE 3		
CITY/ST/ZIP/CO:	RICHMOND, VA 23223		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JORGE CABRERA TREASURER PO BOX 910 PALM BEACH, FL 33480	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY R RIEHLE VICE CHAIRMAN 5700 SADDLEBROOK WAY WESLEY CHAPEL, FL 33543	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GAIL M WADDELL CHAIRMAN PO BOX 1776 WILLIAMSBURG, VA 23187	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTINE P LONGFIELD CFO 2100 EAST CARY STREET SUITE 3 RICHMOND, VA 23223	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL M. G. ASTBURY DIRECTOR 35 OCEAN REEF DRIVE KEY LARGO, FL 33037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES W BARROW DIRECTOR 100 CLOISTER PLACE SEA ISLAND, GA 31561	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PENNIE BEACH DIRECTOR 4800 BASIN HARBOR ROAD VERGENNES, VT 05491	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	S LEE BOWDEN DIRECTOR 2138 Business 220 BEDFORD, PA 15522	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID L CHERASHORE DIRECTOR 998 W MISSION BAY DRIVE SAN DIEGO, CA 92109	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DALLAS C GANT, JR. DIRECTOR 1551 S. VULTURE MINE ROAD WICKENBURG, AZ 85390	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD F MAYOTTE DIRECTOR ONE SKYTOP SKYTOP, PA 08357-1099	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: DAVID NICHOLS TITLE: DIRECTOR ADDRESS: 511 EDGEHILL WOOD DRIVE CITY/ST/ZIP/CO: MANAKIN SABOT, VA 23103	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Walter Banks TITLE: DIRECTOR ADDRESS: 1700 South Ocean Lane CITY/ST/ZIP/CO: Fort Lauderdale, FL 33316	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Mark Novota TITLE: DIRECTOR ADDRESS: Rte. 28 Pleasant Bay Road CITY/ST/ZIP/CO: Harwich, MA 02645	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ SARA A AMMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SARA A AMMAN, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	10/4/2012 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.		