

1.) CORPORATION NAME: **Resort Hotel Insurance Services, Inc.** DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **BROOKS W CHASE** SCC ID NO: **05681804**

**2100 E CARY ST STE 3  
RICHMOND, VA**

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BROOKS W CHASE	
TITLE:	PRESIDENT	
ADDRESS:	2100 E CARY ST	
	STE 3	
CITY/ST/ZIP/CO:	RICHMOND, VA 23223	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DAVID A KEAN	
TITLE:	VICE PRESIDENT	
ADDRESS:	2100 EAST CARY STREET	
	SUITE 3	
CITY/ST/ZIP/CO:	RICHMOND, VA 23223	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LORI K WOOD	
TITLE:	VICE PRESIDENT	
ADDRESS:	2100 EAST CARY STREET	
	SUITE 3	
CITY/ST/ZIP/CO:	RICHMOND, VA 23223	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JORGE CABRERA	
TITLE:	PRESIDENT	
ADDRESS:	PO BOX 910	
CITY/ST/ZIP/CO:	PALM BEACH, FL 33480	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARK R. GRENOBLE	
TITLE:	PRESIDENT	
ADDRESS:	14635 N. KIERLAND BLVD.	
	SUITE 150	
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85254	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GREGORY R RIEHLE	
TITLE:	DIRECTOR	
ADDRESS:	5700 SADDLEBROOK WAY	
CITY/ST/ZIP/CO:	WESLEY CHAPEL, FL 33543	

NAME:	GAIL M WADDELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 1776		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23187		
NAME:	CHRISTINE P LONGFIELD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	2100 EAST CARY STREET		
CITY/ST/ZIP/CO:	SUITE 3 RICHMOND, VA 23223		
NAME:	PAUL M. G. ASTBURY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	35 OCEAN REEF DRIVE		
CITY/ST/ZIP/CO:	KEY LARGO, FL 33037		
NAME:	WALTER BANKS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 SOUTH OCEAN LANE		
CITY/ST/ZIP/CO:	FORT LAUDERDALE, FL 33316		
NAME:	JAMES W BARROW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	100 CLOISTER PLACE		
CITY/ST/ZIP/CO:	SEA ISLAND, GA 31561		
NAME:	PENNIE BEACH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4800 BASIN HARBOR ROAD		
CITY/ST/ZIP/CO:	VERGENNES, VT 05491		
NAME:	S LEE BOWDEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2138 BUSINESS 220		
CITY/ST/ZIP/CO:	BEDFORD, PA 15522		
NAME:	DAVID L CHERASHORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	998 W MISSION BAY DRIVE		
CITY/ST/ZIP/CO:	SAN DIEGO, CA 92109		
NAME:	DALLAS C GANT, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1551 S. VULTURE MINE ROAD		
CITY/ST/ZIP/CO:	WICKENBURG, AZ 85390		
NAME:	EDWARD F MAYOTTE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE SKYTOP		
CITY/ST/ZIP/CO:	SKYTOP, PA 08357-1099		
NAME:	DAVID NICHOLS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	511 EDGEHILL WOOD DRIVE		
CITY/ST/ZIP/CO:	MANAKIN SABOT, VA 23103		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK NOVOTA DIRECTOR RTE. 28 PLEASANT BAY ROAD HARWICH, MA 02645	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Sandy J Michalik ASST SECRETARY 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:	Bree E Brotsko VICE PRESIDENT 2100 East Cary Street Suite 3 Richmond, VA 23223	<input checked="" type="checkbox"/> OFFICER	<input 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/ BROOKS W CHASE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BROOKS W CHASE, PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/20/2014 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.			