

1.) CORPORATION NAME: <b>LEXISNEXIS RISK SOLUTIONS INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM          4701 COX RD STE 301          GLEN ALLEN, VA 23060</b>	DUE DATE: <b>2/28/2013</b>  SCC ID NO: <b>F0289761</b>  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> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>					
4.) STATE OR COUNTRY OF INCORPORATION: <b>GA</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 1000 ALDERMAN DR  CITY/ST/ZIP: ALPHARETTA, GA 30005	
---	--

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: Mark Kelsey TITLE: PRESIDENT ADDRESS: 1000 ALDERMAN DR CITY/ST/ZIP/CO: ALPHARETTA, GA 30005	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: Julie Goldweitz TITLE: VICE PRESIDENT ADDRESS: 125 PARK AVE CITY/ST/ZIP/CO: NEW YORK, NY 10017	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: RENEE SIMONTON TITLE: VICE PRESIDENT ADDRESS: 1105 NORTH MARKET CITY/ST/ZIP/CO: REED STE 501 WILMINGTON, DE 19801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: MEREDITH SIDEWATER TITLE: SECRETARY ADDRESS: 1000 ALDERMAN DR CITY/ST/ZIP/CO: ALPHARETTA, GA 30005	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: KENNETH FOGARTY TITLE: TREASURER ADDRESS: 255 WASHINGTON STREET CITY/ST/ZIP/CO: SUITE 350 NEWTON, MA 02458	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: Kenneth Thompson TITLE: VICE PRESIDENT ADDRESS: 9443 springboro pike CITY/ST/ZIP/CO: miamisburg, OH 45342	<input checked="" 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/ RENEE SIMONTON	RENEE SIMONTON, VICE	1/28/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.