

1.) CORPORATION NAME:

RSC Insurance Services Corp. (USED IN VA BY:RISK SERVICES CORP.).

DUE DATE: **7/31/2012**

SCC ID NO: **F1345745**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

KY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2002 PAPA JOHN'S BLVD

CITY/ST/ZIP: LOUISVILLE, KY 40299-2367

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:	LANCE F TUCKER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2002 PAPA JOHN'S BLVD		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40299		

NAME:	CLARA M PASSAFIUME	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2002 PAPA JOHN'S BLVD.		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40299		

NAME:	DEBRA A BREEDEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	2002 PAPA JOHN'S BLVD.		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40299		

NAME:	KENNETH M COX	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	2002 PAPA JOHN'S BLVD		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40299-2367		

NAME:	CLAUDE PHENIX	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREAS		
ADDRESS:	2002 PAPA JOHN'S BOULEVARD		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40299-2367		

NAME:	LANCE F TUCKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2002 PAPA JOHN'S BLVD.		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40299-2367		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY N THOMPSON DIRECTOR 2002 PAPA JOHN'S BLVD. LOUISVILLE, KY 40299	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CONNIE HOUSTON VICE PRESIDENT 2002 PAPA JOHN LOUISVILLE, KY 40299-2367	<input checked="" type="checkbox"/> OFFICER	<input 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/ DEBRA A BREEDEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DEBRA A BREEDEN, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	7/13/2012 DATE
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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.