

1.) CORPORATION NAME:

The Risk Management Association

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI NATIONAL REGISTERED AGENTS INC 4001 North Ninth Street, Suite 227 ARLINGTON, VA 22203**

DUE DATE: **1/31/2012**

SCC ID NO: **F1654948**

5.) STOCK INFORMATION

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

4.) STATE OR COUNTRY OF INCORPORATION:
PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1801 MARKET ST STE 300

CITY/ST/ZIP: PHILADEPHIA, PA 19103-

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: WILLIAM GITHENS
TITLE: PRESIDENT
ADDRESS: 1801 MARKET ST STE 300
CITY/ST/ZIP/CO: PHILADEPHIA, PA 19103-

OFFICER

DIRECTOR

NAME: EDWARD DEMARCO, JR.
TITLE: VP/SEC
ADDRESS: 1801 MARKET ST STE 300
CITY/ST/ZIP/CO: PHILADELPHIA, PA 19103-

OFFICER

DIRECTOR

NAME: DWIGHT OVERTURF
TITLE: TREASURER
ADDRESS: 1801 MARKET ST STE 300
CITY/ST/ZIP/CO: PHILADELPHIA, PA 19103-

OFFICER

DIRECTOR

NAME: DAVID COXON
TITLE: DIRECTOR
ADDRESS: 1801 MARKET ST STE 300
CITY/ST/ZIP/CO: PHILADELPHIA, PA 19103-

OFFICER

DIRECTOR

NAME: JACK WIXTED
TITLE: DIRECTOR
ADDRESS: 1801 MARKET ST STE 300
CITY/ST/ZIP/CO: PHILADELPHIA, PA 19103-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BOB CASTON DIRECTOR 1801 MARKET STREET SUITE 300 PHILADELPHIA, PA 19103-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M. ROBERT ROSE DIRECTOR 1801 MARKET STREET SUITE 300 PHILADELPHIA, PA 19103-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MORTEN FRIIS DIRECTOR 1801 MARKET STREET SUITE 300 PHILADELPHIA, PA 19103-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GAIL JENSEN-BIGKNIFE DIRECTOR 1801 MARKET STREET SUITE 300 PHILADELPHIA, PA 19103-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J.M RIGBY DIRECTOR 1801 MARKET STREET SUITE 300 PHILADELPHIA, PA 19103-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NANCY FOSTER DIRECTOR 1801 MARKET STREET SUITE 300 PHILADELPHIA, PA 19103-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS FREEMAN DIRECTOR 1801 MARKET STREET SUITE 300 PHIALDELPHIA, PA 19103-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KRIS GAGNON DIRECTOR 1801 MARKET STREET SUITE 300 PHILADELPHIA, PA 19103-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LETON HARDING DIRECTOR 1801 MARKET STREET SUITE 300 PHILADELPHIA, PA 19103-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT HICKEY DIRECTOR 1801 MARKET STREET SUITE 300 PHILADELPHIA, PA 19103-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL LOUGHLIN DIRECTOR 1801 MARKET STREET SUITE 300 PHILADELPHIA, PA 19103-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KRISTINE PRICE DIRECTOR 1801 MARKET STREET SUITE 300 PHILADELPHIA, PA 19103-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN ROBERTSON DIRECTOR 1801 MARKET STREET SUITE 300 PHILADELPHIA, PA 19103-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN BJELLAND DIRECTOR 1801 MARKET STREET SUITE 300 PHILADELPHIA, PA 19103-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT MESSER DIRECTOR 1801 MARKET STREET SUITE 300 PHILADELPHIA, PA 19103-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT BOJDAK DIRECTOR 1801 MARKET STREET SUITE 300 PHILADELPHIA, PA 19103-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	YOUSEF VALINE DIRECTOR 1801 MARKET STREET SUITE 300 PHILADELPHIA, PA 19103-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MURREY MCINTOSH DIRECTOR 1801 MARKET STREET SUITE 300 PHILADELPHIA, PA 19103-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: DAN ROUSSELL TITLE: DIRECTOR ADDRESS: 1801 MARKET STREET SUITE 300 CITY/ST/ZIP/CO: PHILADELPHIA, PA 19103-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JAMES GREGORY OLIVIER TITLE: DIRECTOR ADDRESS: 1801 MARKET STREET SUITE 300 CITY/ST/ZIP/CO: PHILADELPHIA, PA 19103-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PETER SCHNALL TITLE: DIRECTOR ADDRESS: 1801 MARKET STREET SUITE 300 CITY/ST/ZIP/CO: PHILADELPHIA, PA 19103-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MICHAEL MCAULEY TITLE: DIRECTOR ADDRESS: 1801 MARKET STREET SUITE 300 CITY/ST/ZIP/CO: PHILADELPHIA, PA 19103-	<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.		
<u>/s/ EDWARD DEMARCO, JR.</u>	<u>EDWARD DEMARCO, JR., VP/SEC</u>	<u>1/3/2012</u>
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.		