

1.) CORPORATION NAME:

DUE DATE: **1/31/2013**

The Risk Management Association

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1654948**

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

GLEN ALLEN, VA 23060-6802

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO 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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1801 MARKET ST STE 300		
CITY/ST/ZIP/CO:	PHILADEPHIA, PA 19103		

NAME:	EDWARD DEMARCO, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/SEC		
ADDRESS:	1801 MARKET ST STE 300		
CITY/ST/ZIP/CO:	PHILADELPHIA, PA 19103		

NAME:	DWIGHT OVERTURF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1801 MARKET ST STE 300		
CITY/ST/ZIP/CO:	PHILADELPHIA, PA 19103		

NAME:	JACK WIXTED	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1801 MARKET ST STE 300		
CITY/ST/ZIP/CO:	PHILADELPHIA, PA 19103		

NAME:	Robert Rose	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1801 Market Street, Suite 300		
CITY/ST/ZIP/CO:	Philadelphia, PA 19103		

NAME:	Michael Loughlin	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1801 Maket Street Suite 300		
CITY/ST/ZIP/CO:	Philadelphia, PA 19103		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J.Tol Broom 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:	Helga Huston 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:	Russel Playford 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:	Edward Schreiber 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:	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:	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:	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:	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:	Gail Jenses-Bignife 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:	Kristine Price DIRECTOR 1801 Market Street, Suite 300 Philadelphia, PA 19103	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	J.M. Rigby	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1801 Market Street, Suite 300		
CITY/ST/ZIP/CO:	Philadelphia, PA 19103		
NAME:	Karren Bjelland	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1801 Market Street, Suite 300		
CITY/ST/ZIP/CO:	Philadelphia, PA 19103		
NAME:	Robert Messer	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1801 Market Street, Suite 300		
CITY/ST/ZIP/CO:	Philadelphia, PA 19103		
NAME:	Cynthia Manzetti	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1801 Market Street, Suite 300		
CITY/ST/ZIP/CO:	Philadelphia, PA 19103		
NAME:	Yousef Valine	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1801 Market Street, Suite 300		
CITY/ST/ZIP/CO:	Philadelphia, PA 19103		
NAME:	Murrey McIntosh	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1801 Market Street, Suite 300		
CITY/ST/ZIP/CO:	Philadelphia, PA 19103		
NAME:	Daniel Roussel	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1801 Market Street, Suite 300		
CITY/ST/ZIP/CO:	Philadelphia, PA 19103		
NAME:	James Gregory Olivier	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1801 Market Street, Suite 300		
CITY/ST/ZIP/CO:	Philadelphia, PA 19103		
NAME:	Peter Schnall	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1801 Market Street, Suite 300		
CITY/ST/ZIP/CO:	Philadelphia, PA 19103		
NAME:	Jason Strofs	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1801 Market Street, Suite 300		
CITY/ST/ZIP/CO:	Philadelphia, PA 19103		

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/ EDWARD DEMARCO, JR.	EDWARD DEMARCO, JR., VP/SEC	1/7/2013
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.