

1.) CORPORATION NAME:

Alliance of Nonprofits for Insurance, RiskRetention Group, Inc.

DUE DATE: **2/28/2011**

SCC ID NO: **F1738998**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

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

4.) STATE OR COUNTRY OF INCORPORATION:
VT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 333 FRONT ST
STE 200

CITY/ST/ZIP: SANTA CRUZ, CA 95060-

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:	PAMELA E DAVIS	
TITLE:	PRES/CEO	
ADDRESS:	ALLIANCE FOR NONPROFITS FOR INSURANCE 333 FRONT STREET STE 200	
CITY/ST/ZIP/CO:	SANTA CRUZ, CA 95060-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILSON JONES	
TITLE:	CHAIRMAN	
ADDRESS:	7062 TWIN HILLS TERRACE	
CITY/ST/ZIP/CO:	BRADENTON, FL 34202-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	R LAWRENCE BACON	
TITLE:	DIRECTOR	
ADDRESS:	BACON & COMPANY 27175 MEADOWS ROAD	
CITY/ST/ZIP/CO:	CARMEL, CA 93923-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT EMRICH	
TITLE:	DIRECTOR	
ADDRESS:	KEREN EMRICH FOUNDATION/ROAD OF LIFE 35 E GAY ST STE 509	
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER W GILBERT DIRECTOR GREAT AMERICAN WEST 1801 ANTIGUA CIRCLE NEWPORT BEACH, CA 92660-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN RICHARD PRESIDENT 333 FRONT STREET SUITE 200 SANTA CRUZ, CA 95060-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW SARGEANT PRESIDENT 333 FRONT STREET SUITE 200 SANTA CRUZ, CA 95060-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TED VAN NAME DIRECTOR 333 FRONT STREET SUITE 200 SANTA CRUZ, CA 95060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTHA MARCON DIRECTOR 333 FRONT STREET SUITE 200 SANTA CRUZ, CA 95060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID ALTMAN DIRECTOR 333 FRONT STREET SUITE 200 SANTA CRUZ, CA 95060-	<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.

/s/ PAMELA E DAVIS	PAMELA E DAVIS, PRES/CEO	1/20/2011
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.