

1.) CORPORATION NAME:

Alliance of Nonprofits for Insurance, RiskRetention Group, Inc.

DUE DATE: **2/29/2012**

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.

NAME: WILSON JONES
TITLE: CHAIRMAN
ADDRESS: 7062 TWIN HILLS TERRACE
CITY/ST/ZIP/CO: BRADENTON, FL 34202-

OFFICER DIRECTOR

NAME: DAVID ALTMAN
TITLE: DIRECTOR
ADDRESS: 333 FRONT STREET
SUITE 200
CITY/ST/ZIP/CO: SANTA CRUZ, CA 95060-

OFFICER DIRECTOR

NAME: R LAWRENCE BACON
TITLE: DIRECTOR
ADDRESS: BACON & COMPANY
27175 MEADOWS ROAD
CITY/ST/ZIP/CO: CARMEL, CA 93923-

OFFICER 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-

OFFICER DIRECTOR

NAME: ROGER W GILBERT TITLE: DIRECTOR ADDRESS: GREAT AMERICAN WEST 1801 ANTIGUA CIRCLE CITY/ST/ZIP/CO: NEWPORT BEACH, CA 92660-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARTHA MARCON TITLE: DIRECTOR ADDRESS: 333 FRONT STREET SUITE 200 CITY/ST/ZIP/CO: SANTA CRUZ, CA 95060-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TED VAN NAME TITLE: DIRECTOR ADDRESS: 333 FRONT STREET SUITE 200 CITY/ST/ZIP/CO: SANTA CRUZ, CA 95060-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANDREW SARGEANT TITLE: ASST SECRETARY ADDRESS: 333 FRONT STREET SUITE 200 CITY/ST/ZIP/CO: SANTA CRUZ, CA 95060-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PAMELA E DAVIS TITLE: PRESIDENT ADDRESS: 333 FRONT STREET STE 200 CITY/ST/ZIP/CO: SANTA CRUZ, CA 95060-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: STEVEN RICHARD TITLE: SECRETARY ADDRESS: 333 FRONT STREET SUITE 200 CITY/ST/ZIP/CO: SANTA CRUZ, CA 95060-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: STEPHEN SUMNER TITLE: DIRECTOR ADDRESS: 333 FRONT STREET SUITE 200 CITY/ST/ZIP/CO: SANTA CRUZ, CA 95060-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KIM ADAY TITLE: PRESIDENT ADDRESS: 333 FRONT STREET SUITE 200 CITY/ST/ZIP/CO: SANTA CRUZ, CA 95060-	<input checked="" type="checkbox"/> OFFICER <input 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, PRESIDENT	1/30/2012
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.