

1.) CORPORATION NAME:

Alliance of Nonprofits for Insurance, RiskRetention Group, Inc.

DUE DATE: **2/28/2013**

SCC ID NO: **F1738998**

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
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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:	PAMELA E DAVIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	333 FRONT STREET STE 200		
CITY/ST/ZIP/CO:	SANTA CRUZ, CA 95060		
NAME:	KIM ADAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	333 FRONT STREET SUITE 200		
CITY/ST/ZIP/CO:	SANTA CRUZ, CA 95060		
NAME:	STEVEN RICHARD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	333 FRONT STREET SUITE 200		
CITY/ST/ZIP/CO:	SANTA CRUZ, CA 95060		
NAME:	ANDREW SARGEANT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	333 FRONT STREET SUITE 200		
CITY/ST/ZIP/CO:	SANTA CRUZ, CA 95060		
NAME:	WILSON JONES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	7062 TWIN HILLS TERRACE		
CITY/ST/ZIP/CO:	BRADENTON, FL 34202		

NAME: DAVID ALTMAN 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: 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	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> 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: 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: 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	
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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PAMELA E DAVIS, PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/16/2013 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.		