

1.) CORPORATION NAME:

**Alliance of Nonprofits for Insurance, RiskRetention Group, Inc.**

DUE DATE: **2/28/2014**

SCC ID NO: **F1738998**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

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<br>STE 200   |   |  |
| CITY/ST/ZIP/CO: | SANTA CRUZ, CA 95060          |   |  |
| NAME:           | KIM ADAY                      | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| TITLE:          | TREASURER                     |   |  |
| ADDRESS:        | 333 FRONT STREET<br>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:        | 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<br>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<br>SUITE 200 |   |  |
| CITY/ST/ZIP/CO: | SANTA CRUZ, CA 95060          |   |  |

|  |   |           |
|--|---|-----------|
| NAME: DAVID ALTMAN<br>TITLE: DIRECTOR<br>ADDRESS: 333 FRONT STREET<br>SUITE 200<br>CITY/ST/ZIP/CO: SANTA CRUZ, CA 95060  | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |           |
| NAME: R LAWRENCE BACON<br>TITLE: DIRECTOR<br>ADDRESS: 333 FRONT STREET<br>CITY/ST/ZIP/CO: SANTA CRUZ, CA 95060   | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |           |
| NAME: NORRIS CLARK<br>TITLE: DIRECTOR<br>ADDRESS: 333 FRONT STREET SUITE 200<br>CITY/ST/ZIP/CO: SANTA CRUZ, CA 95060   | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |           |
| NAME: MARTHA MARCON<br>TITLE: DIRECTOR<br>ADDRESS: 333 FRONT STREET SUITE 200<br>CITY/ST/ZIP/CO: SANTA CRUZ, CA 95060  | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |           |
| NAME: STEPHEN SUMNER<br>TITLE: DIRECTOR<br>ADDRESS: 333 FRONT STREET<br>SUITE 200<br>CITY/ST/ZIP/CO: SANTA CRUZ, CA 95060  | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |           |
| NAME: MICHELLE UCHIYAMA<br>TITLE: DIRECTOR<br>ADDRESS: 333 FRONT STREET SUITE 200<br>CITY/ST/ZIP/CO: SANTA CRUZ, CA 95060  | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |           |
| NAME: TED VAN NAME<br>TITLE: DIRECTOR<br>ADDRESS: 333 FRONT STREET<br>SUITE 200<br>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   | PAMELA E DAVIS, PRESIDENT   | 2/14/2014 |
| 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. |   |           |