

1.) CORPORATION NAME:

DUE DATE: **8/5/2010**

Risk Exchange Insurance Services, Inc.

SCC ID NO: **F1804576**

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
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 222 S 15TH ST #1500N

CITY/ST/ZIP: OMAHA, NE 68102-

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: CHRISTOPHER S DALEY
TITLE: PRESIDENT
ADDRESS: 222 S 15TH ST #1500N
CITY/ST/ZIP/CO: OMAHA, NE 68102-

OFFICER

DIRECTOR

NAME: ANUPAMA V MURTHY
TITLE: VICE PRESIDENT
ADDRESS: 222 S 15TH ST #1500N
CITY/ST/ZIP/CO: OMAHA, NE 68102-

OFFICER

DIRECTOR

NAME: JAMES P ARNOLD
TITLE: SECRETARY
ADDRESS: 222 S 15TH ST #1500N
CITY/ST/ZIP/CO: OMAHA, NE 68102-

OFFICER

DIRECTOR

NAME: STEPHEN P LETAK
TITLE: TRE
ADDRESS: 222 S 15TH ST #1500N
CITY/ST/ZIP/CO: OMAHA, NE 68102-

OFFICER

DIRECTOR

NAME: S GREGORY DONSBACH
TITLE: DIRECTOR
ADDRESS: 222 S 15TH ST #1500N
CITY/ST/ZIP/CO: OMAHA, NE 68102-

OFFICER

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.

<u>/s/ JAMES P ARNOLD</u>	<u>JAMES P ARNOLD, SECRETARY</u>	<u>8/5/2010</u>
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.