

1.) CORPORATION NAME:

DUE DATE: **10/31/2012**

Risk Exchange Insurance Services, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1804576**

**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.

<p>NAME: CHRISTOPHER S DALEY TITLE: PRESIDENT ADDRESS: 222 S 15TH ST #1500N CITY/ST/ZIP/CO: OMAHA, NE 68102</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: D. MICHAEL JONES TITLE: VP/ASST SEC ADDRESS: 4521 HIGHWOODS PARKWAY CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ANNE G WALESKI TITLE: VP/ASST TREASUR ADDRESS: 4521 HIGHWOODS PARKWAY CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: LINDA S ROTZ TITLE: SECRETARY ADDRESS: 4521 HIGHWOODS PARKWAY CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JAMES P ARNOLD TITLE: ASST SECRETARY ADDRESS: 222 S 15TH ST #1500N CITY/ST/ZIP/CO: OMAHA, NE 68102</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: STEPHEN P LETAK TITLE: TREASURER ADDRESS: 222 S 15TH ST #1500N CITY/ST/ZIP/CO: OMAHA, NE 68102</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: APRIL DUFF TITLE: ASST TREASURER ADDRESS: 4521 HIGHWOODS PARKWAY CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: GERRY ALBANESE TITLE: DIRECTOR ADDRESS: 4521 HIGHWOODS PARKWAY CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: F. MICHAEL CROWLEY TITLE: DIRECTOR ADDRESS: 4521 HIGHWOODS PARKWAY CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BRITTON L GLISSON TITLE: DIRECTOR ADDRESS: 4521 HIGHWOODS PARKWAY CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: STEVEN A MARKEL TITLE: DIRECTOR ADDRESS: 4521 HIGHWOODS PARKWAY CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD R WHITT, III TITLE: DIRECTOR ADDRESS: 4521 HIGHWOODS PARKWAY CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060	<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/ JAMES P ARNOLD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES P ARNOLD, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
8/29/2012 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.	