

1.) CORPORATION NAME:

Risk Transfer Insurance Agency, Inc. (USED IN VABY: Risk Transfer Underwriting, Inc.)

DUE DATE: **6/30/2012**

SCC ID NO: **F1865726**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6 Landmark Square, 4th Floor

CITY/ST/ZIP: Stamford, CT 06901

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PAUL DASSENKO	
TITLE:	PRES/CEO/DTR	
ADDRESS:	RISK TRANSFER UNDERWRITING INC	
CITY/ST/ZIP/CO:	6 Landmark Square, 4th Floor Stamford, CT 06901	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEPHEN BAILEY	
TITLE:	VP/D	
ADDRESS:	RISK TRANSFER UNDERWRITING INC	
CITY/ST/ZIP/CO:	6 Landmark Square, 4th Floor Stamford, CT 06901	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN HARE	
TITLE:	VP/T/D	
ADDRESS:	RISK TRANSFER UNDERWRITING INC	
CITY/ST/ZIP/CO:	6 Landmark Square, 4th Floor Stamford, CT 06901	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DIANE NERGAARD	
TITLE:	VP/S	
ADDRESS:	RISK TRANSFER UNDERWRITING INC	
CITY/ST/ZIP/CO:	6 Landmark Square, 4th Floor Stamford, CT 06901	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KENNETH SOLDWEDEL	
TITLE:	VICE PRESIDENT	
ADDRESS:	RISK TRANSFER UNDERWRITING INC	
CITY/ST/ZIP/CO:	6 Landmark Square, 4th Floor Stamford, CT 06901	

NAME:	CASPER GILROY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	RISK TRANSFER UNDERWRITING, Inc.		
	6 Landmark Square, 4th Floor		
CITY/ST/ZIP/CO:	Stamford, CT 06901		

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/ KENNETH SOLDWEDEL	KENNETH SOLDWEDEL, VICE	6/12/2012
_____	PRESIDENT	_____
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.