

1.) CORPORATION NAME:

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

DUE DATE: **6/30/2013**

SCC ID NO: **F1865726**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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.

NAME:	PAUL DASSENKO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO/DTR		
ADDRESS:	RISK TRANSFER UNDERWRITING INC		
CITY/ST/ZIP/CO:	6 LANDMARK SQUARE, 4TH FLOOR STAMFORD, CT 06901		

NAME:	STEPHEN BAILEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/D		
ADDRESS:	RISK TRANSFER UNDERWRITING INC		
CITY/ST/ZIP/CO:	6 LANDMARK SQUARE, 4TH FLOOR STAMFORD, CT 06901		

NAME:	Michael L. Glover	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6 Landmark Square, 4th Floor		
CITY/ST/ZIP/CO:	Stamford, CT 06901		

NAME:	Pamela Susan Sellers-Hoelsken	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	6 Landmark Square, 4th Floor		
CITY/ST/ZIP/CO:	Stamford, CT 06901		

NAME:	Brian Johnston	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6 Landmark Square, 4th Floor		
CITY/ST/ZIP/CO:	Stamford, CT 06901		

NAME:	Alan Kevin Quilter	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6 Landmark Square, 4th Floor		
CITY/ST/ZIP/CO:	Stamford, CT 06901		

NAME: Kenneth Edward Randall TITLE: DIRECTOR ADDRESS: 6 Landmark Square, 4th Floor CITY/ST/ZIP/CO: Stamford, CT 06901	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Timothy Roger Riddell TITLE: DIRECTOR ADDRESS: 6 Landmark Square, 4th Floor CITY/ST/ZIP/CO: Stamford, CT 06901	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ Michael L.Glover	Michael L.Glover,	10/31/2013
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.