

1.) CORPORATION NAME:

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

DUE DATE: **6/30/2014**

SCC ID NO: **F1865726**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL CORPORATE RESEARCH, LTD.
250 BROWNS HILL COURT
MIDLOTHIAN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 340 Madison Avenue
19th Floor

CITY/ST/ZIP: New York, NY 10173

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:	340 Madison Avenue New York, NY 10016	

	<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:	340 Madison Avenue New York, NY 10173	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BRIAN JOHNSTON	
TITLE:	VICE PRESIDENT	
ADDRESS:	Two Logan Square, Suite 600	
CITY/ST/ZIP/CO:	Philadelphia, PA 19103	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PAMELA SUSAN SELLERS-HOELSKEN	
TITLE:	TREASURER	
ADDRESS:	Two Logan Square, Suite 600	
CITY/ST/ZIP/CO:	Philadelphia, PA 19103	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL L. GLOVER	
TITLE:	SECRETARY	
ADDRESS:	110 Fenchurch Street	
CITY/ST/ZIP/CO:	London, EC3M 5JT, GB	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ALAN KEVIN QUILTER	
TITLE:	DIRECTOR	
ADDRESS:	110 Fenchurch Street	
CITY/ST/ZIP/CO:	London, EC3M 5JT, GB	

NAME: KENNETH EDWARD RANDALL TITLE: DIRECTOR ADDRESS: 110 Fenchurch Street CITY/ST/ZIP/CO: London, EC3M 5JT, GB	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TIMOTHY ROGER RIDDELL TITLE: DIRECTOR ADDRESS: 110 Fenchurch Street CITY/ST/ZIP/CO: London, EC3M 5JT, GB	<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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL L. GLOVER, SECRETARY PRINTED NAME AND CORPORATE TITLE	6/16/2014 DATE
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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.