

1.) CORPORATION NAME:

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

DUE DATE: **6/30/2015**

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.

<p>NAME: PAUL DASSENKO TITLE: PRES/CEO/DTR ADDRESS: RISK TRANSFER UNDERWRITING INC CITY/ST/ZIP/CO: 340 MADISON AVENUE NEW YORK, NY 10016</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: STEPHEN BAILEY TITLE: VP/D ADDRESS: RISK TRANSFER UNDERWRITING INC CITY/ST/ZIP/CO: 340 MADISON AVENUE NEW YORK, NY 10173</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: BRIAN JOHNSTON TITLE: VICE PRESIDENT ADDRESS: TWO LOGAN SQUARE, SUITE 600 CITY/ST/ZIP/CO: PHILADELPHIA, PA 19103</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: PAMELA SUSAN SELLERS-HOELSKEN TITLE: TREASURER ADDRESS: TWO LOGAN SQUARE, SUITE 600 CITY/ST/ZIP/CO: PHILADELPHIA, PA 19103</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL L. GLOVER TITLE: SECRETARY ADDRESS: 110 FENCHURCH STREET CITY/ST/ZIP/CO: LONDON, EC3M , UNITED KINGDOM (GREAT BRITAIN) , , FN</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAN KEVIN QUILTER DIRECTOR 110 FENCHURCH STREET LONDON, EC3M , UNITED KINGDOM (GREAT BRITAIN) , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH EDWARD RANDALL DIRECTOR 110 FENCHURCH STREET LONDON, EC3M , UNITED KINGDOM (GREAT BRITAIN) , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY ROGER RIDDELL DIRECTOR 110 FENCHURCH STREET LONDON, EC3M , UNITED KINGDOM (GREAT BRITAIN) , , FN	<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/ MICHAEL L. GLOVER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL L. GLOVER, SECRETARY PRINTED NAME AND CORPORATE TITLE	6/15/2015 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.			