

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000006438

1. Entity Name  
RMA - THE RISK MANAGEMENT ASSOCIATION  
INCORPORATED



SEARCHED  
DIVISION

06 OCT 31 AM 11:16

Principal Place of Business  
1801 MARKET STREET, SUITE 300  
PHILADELPHIA, PA 19103

Mailing Address  
1801 MARKET STREET, SUITE 300  
PHILADELPHIA, PA 19103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10122006 REIN-NP CR2E099 (11/05)

4. FEI Number 23-0892360	Applied For
	Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

Brian Courtney  
Asst. V. Pres.

10/30/06

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25  
After January 1, 2007, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PCEO  
NAME HARTIGAN, MAURICE H  
STREET ADDRESS 1801 MARKET STREET, SUITE 300  
CITY-ST-ZIP PHILADELPHIA, PA 19103

TITLE D  
NAME LENNY L. WILSON  
STREET ADDRESS 1801 MARKET STREET, SUITE 300  
CITY-ST-ZIP PHILADELPHIA, PA 19103

TITLE VCOO  
NAME WETZEL, FLORENCE J  
STREET ADDRESS 1801 MARKET STREET, SUITE 300  
CITY-ST-ZIP PHILADELPHIA, PA 19103

TITLE D  
NAME GERALD S. DENT  
STREET ADDRESS 1801 MARKET STREET, SUITE 300  
CITY-ST-ZIP PHILADELPHIA, PA 19103

TITLE TCFO  
NAME OVERTURF, DWIGHT  
STREET ADDRESS 1801 MARKET STREET, SUITE 300  
CITY-ST-ZIP PHILADELPHIA, PA 19103

TITLE D  
NAME JAMES L. OVERTURF  
STREET ADDRESS 1801 MARKET STREET, SUITE 300  
CITY-ST-ZIP PHILADELPHIA, PA 19103  
FEE \$61.25

TITLE D  
NAME HARBAUGH, RICHARD L  
STREET ADDRESS 1801 MARKET STREET, SUITE 300  
CITY-ST-ZIP PHILADELPHIA, PA 19103

TITLE D  
NAME RICHARD L. HARBAUGH  
STREET ADDRESS 1801 MARKET STREET, SUITE 300  
CITY-ST-ZIP PHILADELPHIA, PA 19103  
FEE \$61.25

TITLE D  
NAME CHALK, W. KENDALL  
STREET ADDRESS 1801 MARKET STREET, SUITE 300  
CITY-ST-ZIP PHILADELPHIA, PA 19103

TITLE D  
NAME W. KENDALL CHALK  
STREET ADDRESS 1801 MARKET STREET, SUITE 300  
CITY-ST-ZIP PHILADELPHIA, PA 19103  
FEE \$61.25

TITLE D  
NAME ADAMSON, REID  
STREET ADDRESS 1801 MARKET STREET, SUITE 300  
CITY-ST-ZIP PHILADELPHIA, PA 19103

TITLE D  
NAME REID ADAMSON  
STREET ADDRESS 1801 MARKET STREET, SUITE 300  
CITY-ST-ZIP PHILADELPHIA, PA 19103  
FEE \$61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janet Wofel Florence Wetzel, COO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/06

245-446-4020

Date

Daytime Phone #