

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000006438					
1. Entity Name RMA - THE RISK MANAGEMENT ASSOCIATION INCORPORATED					
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 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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.					
SIGNATURE			Brian Courtney Asst. V. Pres. DATE 10/30/06		
(NOTE: Registered Agent signature required when reinstating)					
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		<input type="checkbox"/> Delete		
STREET ADDRESS 1801 MARKET STREET, SUITE 300	CITY - ST - ZIP PHILADELPHIA, PA 19103		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE VCOO	NAME WETZEL, FLORENCE J		<input type="checkbox"/> Delete		
STREET ADDRESS 1801 MARKET STREET, SUITE 300	CITY - ST - ZIP PHILADELPHIA, PA 19103		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE TCFO	NAME OVERTURF, DWIGHT		<input type="checkbox"/> Delete		
STREET ADDRESS 1801 MARKET STREET, SUITE 300	CITY - ST - ZIP PHILADELPHIA, PA 19103		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME HARBAUGH, RICHARD L		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 1801 MARKET STREET, SUITE 300	CITY - ST - ZIP PHILADELPHIA, PA 19103		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME CHALK, W. KENDALL		<input type="checkbox"/> Delete		
STREET ADDRESS 1801 MARKET STREET, SUITE 300	CITY - ST - ZIP PHILADELPHIA, PA 19103		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME ADAMSON, REID		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 1801 MARKET STREET, SUITE 300	CITY - ST - ZIP PHILADELPHIA, PA 19103		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 10/12/06		Daytime Phone #: 215-446-4820