

1.) CORPORATION NAME:

**COMMERCE AND INDUSTRY INSURANCE COMPANY**

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICAN CENTER, 16TH FLOOR  
1111 EAST MAIN STREET**

SCC ID NO: **F0137093**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,050,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 175 WATER ST  
18TH FLOOR

CITY/ST/ZIP: NEW YORK, NY 10038

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:	JUSTIN CAULFIELD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	180 MAIDEN LANE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038		

NAME:	JOHN QUINLAN DOYLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	175 WATER STREET		
CITY/ST/ZIP/CO:	30TH FLOOR NEW YORK, NY 10038		

NAME:	DENIS M BUTKOVIC	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	180 MAIDEN LANE		
CITY/ST/ZIP/CO:	37TH FLOOR NEW YORK, NY 10038		

NAME:	PETER DOUGLAS HANCOCK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	175 WATER STREET		
CITY/ST/ZIP/CO:	30TH FLOOR NEW YORK, NY 10038		

NAME:	DAVID LAWRENCE HERZOG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	180 MAIDEN LANE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038		

NAME: MONIKA MARIA MACHON TITLE: DIRECTOR ADDRESS: 180 MAIDEN LANE CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SIDDHARTHA SANKARAN TITLE: DIRECTOR ADDRESS: 80 PINE STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER LOUIS SPARRO TITLE: DIRECTOR ADDRESS: 175 WATER STREET CITY/ST/ZIP/CO: 19TH FLOOR NEW YORK, NY 10038	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES BRACKEN TITLE: DIRECTOR ADDRESS: 175 WATER STREET CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARK TIMOTHY WILLIS TITLE: DIRECTOR ADDRESS: 300 S RIVERSIDE PLAZA CITY/ST/ZIP/CO: CHICAGO, IL 60606	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ALEXANDER ROSS BAUGH TITLE: DIRECTOR ADDRESS: 175 WATER STREET CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RALPH MUCERINO TITLE: DIRECTOR ADDRESS: 175 WATER STREET CITY/ST/ZIP/CO: NEW YORK, NY 10038	<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/ DENIS M BUTKOVIC SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DENIS M BUTKOVIC, SECRETARY PRINTED NAME AND CORPORATE TITLE	7/25/2013 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.		