

1.) CORPORATION NAME:

COMMERCE AND INDUSTRY INSURANCE COMPANY

DUE DATE: **8/31/2014**

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:	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:	ALEXANDER ROSS BAUGH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	175 WATER STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038		

NAME:	JAMES BRACKEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	175 WATER STREET		
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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER DOUGLAS HANCOCK DIRECTOR 175 WATER STREET 30TH FLOOR NEW YORK, NY 10038	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID LAWRENCE HERZOG DIRECTOR 180 MAIDEN LANE NEW YORK, NY 10038	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MONIKA MARIA MACHON DIRECTOR 180 MAIDEN LANE NEW YORK, NY 10038	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RALPH MUCERINO DIRECTOR 175 WATER STREET NEW YORK, NY 10038	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SIDDHARTHA SANKARAN DIRECTOR 80 PINE STREET NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER LOUIS SPARRO DIRECTOR 175 WATER STREET 19TH FLOOR NEW YORK, NY 10038	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK TIMOTHY WILLIS DIRECTOR 300 S RIVERSIDE PLAZA CHICAGO, IL 60606	<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	7/30/2014 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.			