

1.) CORPORATION NAME:

CONTRACTORS BONDING AND INSURANCE COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

WA

DUE DATE: **12/31/2014**

SCC ID NO: **F0471062**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3101 AVE
STE 300

CITY/ST/ZIP: SEATTLE, WA 98121

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:	MICHAEL J STONE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/COO		
ADDRESS:	9025 N LINDBERGH		
CITY/ST/ZIP/CO:	PEORIA, IL 61615		

NAME:	THOMAS L BROWN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/CEO/AST TRES		
ADDRESS:	9025 N LINDBERGH DR		
CITY/ST/ZIP/CO:	PEORIA, IL 61615		

NAME:	TODD W BRYANT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP, CONTROLLER		
ADDRESS:	9025 N LINDBERGH DR		
CITY/ST/ZIP/CO:	PEORIA, IL 61615		

NAME:	DONALD J DRISCOLL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP CLAIM		
ADDRESS:	9025 N LINDBERGH DR		
CITY/ST/ZIP/CO:	PEORIA, IL 61615		

NAME:	JEFFREY D FICK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP, HR		
ADDRESS:	9025 N LINDBERGH DR		
CITY/ST/ZIP/CO:	PEORIA, IL 61615		

NAME:	SETH A DAVIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP, INT		
ADDRESS:	9025 N LINDBERGH DR		
CITY/ST/ZIP/CO:	PEORIA, IL 61615		

NAME: AARON P DIEFENTHALER TITLE: VP, CIO ADDRESS: 9025 N LINDBERGH DR CITY/ST/ZIP/CO: PEORIA, IL 61615	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: DANIEL O KENNEDY TITLE: VP, GEN COUNSEL ADDRESS: 9025 N LINDBERGH DR CITY/ST/ZIP/CO: PEORIA, IL 61615	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: MURALI NATARAJAN TITLE: VP, IT ADDRESS: 9025 N LINDBERGH DR CITY/ST/ZIP/CO: PEORIA, IL 61615	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: ROBERT M OGLE TITLE: TREASURER ADDRESS: 9025 N LINDBERGH DR CITY/ST/ZIP/CO: PEORIA, IL 61615	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: CRAIG W KLIETHERMES TITLE: EVP, OPERATIONS ADDRESS: 9025 N LINDBERGH DRIVE CITY/ST/ZIP/CO: PEORIA, IL 61615	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JONATHAN E MICHAEL TITLE: CHAIRMAN/CEO ADDRESS: 9025 N LINDBERGH DRIVE CITY/ST/ZIP/CO: PEORIA, IL 61615	<input checked="" 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/ TODD W BRYANT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TODD W BRYANT, VP, CONTROLLER PRINTED NAME AND CORPORATE TITLE	11/6/2014 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.				