

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	214516575
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1.) CORPORATION NAME: <b>COMMERCIAL INSURANCE UNDERWRITERS, INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>NATIONAL REGISTERED AGENTS, INC.</b> <b>4701 COX ROAD, SUITE 285</b> <b>GLEN ALLEN, VA</b>	DUE DATE: <b>4/30/2014</b>  SCC ID NO: <b>F1468224</b>  5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMM</td> <td>30,000</td> </tr> <tr> <td>PREF</td> <td>10,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMM	30,000	PREF	10,000
CLASS	AUTHORIZED						
COMM	30,000						
PREF	10,000						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>							
4.) STATE OR COUNTRY OF INCORPORATION: <b>MO</b>							

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 901 EAST ST. LOUIS ST  
#205

CITY/ST/ZIP: SPRINGFIELD, MO 65806-2537

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: KIMBERLY D MOORE TITLE: PRESIDENT ADDRESS: 439 S. RIVER BIRCH DRIVE CITY/ST/ZIP/CO: SPRINGFIELD, MO 65804	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: RUTH S ELLEDGE TITLE: VP-NEW BUSNS/UN ADDRESS: 2946 S SCOTTS LN CITY/ST/ZIP/CO: SPRINGFIELD, MO 65807	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: TAMMY L LOCKE TITLE: VP FINANCE ADDRESS: 421 N. PIMA CITY/ST/ZIP/CO: FAIR GROVE, MO 65648	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: DAVID W HINRICHS TITLE: CEO ADDRESS: 2906 E LARK ST CITY/ST/ZIP/CO: SPRINGFIELD, MO 65804	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: BERTRAND G HOULE TITLE: CFO ADDRESS: P.O. BOX 80 CITY/ST/ZIP/CO: KISSEE MILLS, MO 65680	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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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/ KIMBERLY D MOORE	KIMBERLY D MOORE, PRESIDENT	3/28/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.