

1.) CORPORATION NAME:

BUILDERS & TRADESMEN'S INSURANCE SERVICES, INC.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1837931**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6610 SIERRA COLLEGE BLVD

CITY/ST/ZIP: ROCKLIN, CA 95677

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:	NORBERT R HOHLBEIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/DTR		
ADDRESS:	6610 SIERRA COLLEGE BLVD		
CITY/ST/ZIP/CO:	ROCKLIN, CA 95677		

NAME:	LISA A ERICKSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6610 SIERRA COLLEGE BLVD		
CITY/ST/ZIP/CO:	ROCKLIN, CA 95677		

NAME:	PAUL HOHLBEIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6610 SIERRA COLLEGE BLVD		
CITY/ST/ZIP/CO:	ROCKLIN, CA 95677		

NAME:	JEFFREY M HOHLBEIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6610 SIERRA COLLEGE BLVD		
CITY/ST/ZIP/CO:	ROCKLIN, CA 95677		

NAME:	JEFFREY ERICKSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6610 SIERRA COLLEGE BLVD		
CITY/ST/ZIP/CO:	ROCKLIN, CA 95677		

NAME:	BARRY ZYSKIND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	59 MAIDEN LANE, 6TH FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038		

NAME:	MICHAEL SAXON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5800 LOMBARDO CENTER, STE 200		
CITY/ST/ZIP/CO:	CLEVELAND, OH 44131		

NAME:	STEPHEN UNGAR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	59 MAIDEN LANE, 6TH FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038		

NAME:	HARRY SCHLACHTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	59 MAIDEN LANE, 6TH FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038		

NAME:	ADAM KARKOWSKY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	59 MAIDEN LANE, 6TH FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038		

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/ STEPHEN UNGAR	STEPHEN UNGAR, SECRETARY	9/7/2012
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.