

1.) CORPORATION NAME:

BUILDERS & TRADESMEN'S INSURANCE SERVICES, INC.

DUE DATE: **9/30/2014**

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

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.

<p>NAME: NORBERT R HOHLBEIN TITLE: PRES/DTR ADDRESS: 6610 SIERRA COLLEGE BLVD CITY/ST/ZIP/CO: ROCKLIN, CA 95677</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JEFFREY ERICKSON TITLE: VICE PRESIDENT ADDRESS: 6610 SIERRA COLLEGE BLVD CITY/ST/ZIP/CO: ROCKLIN, CA 95677</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: PAUL HOHLBEIN TITLE: VICE PRESIDENT ADDRESS: 6610 SIERRA COLLEGE BLVD CITY/ST/ZIP/CO: ROCKLIN, CA 95677</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JEFFREY M HOHLBEIN TITLE: VICE PRESIDENT ADDRESS: 6610 SIERRA COLLEGE BLVD CITY/ST/ZIP/CO: ROCKLIN, CA 95677</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL ROGERS TITLE: VICE PRESIDENT ADDRESS: 1605 MAIN ST , STE 800 CITY/ST/ZIP/CO: SARASOTA, FL 34236</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: HARRY SCHLACHTER TITLE: TREASURER ADDRESS: 59 MAIDEN LANE, 43RD FL CITY/ST/ZIP/CO: NEW YORK, NY 10038</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: STEPHEN UNGAR TITLE: SECRETARY ADDRESS: 59 MAIDEN LANE, 43RD FL CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JANIE CLARK TITLE: ASST SECRETARY ADDRESS: 800 SUPERIOR AVE, E, 21ST FL CITY/ST/ZIP/CO: CLEVELAND, OH 44114	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ADAM KARKOWSKY TITLE: DIRECTOR ADDRESS: 59 MAIDEN LANE, 43RD FL CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL SAXON TITLE: DIRECTOR ADDRESS: 800 SUPERIOR AVE, E, 21ST FL CITY/ST/ZIP/CO: CLEVELAND, OH 44114	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BARRY ZYSKIND TITLE: DIRECTOR ADDRESS: 59 MAIDEN LANE, 43RD FL 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/ STEPHEN UNGAR	STEPHEN UNGAR, SECRETARY	9/3/2014
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.		