

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214539991

1.) CORPORATION NAME:

BLOOMINGTON COMPENSATION INSURANCE COMPANY

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1904855**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8500 NORMANDEALE LAKE BLVD STE 1400

CITY/ST/ZIP: BLOOMINGTON, MN 55437

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.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT P. RESTREPO, JR.		
TITLE:	PRESIDENT		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DOUGLAS E. ALLEN		
TITLE:	VICE PRESIDENT		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOEL E. BROWN		
TITLE:	VICE PRESIDENT		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JESSICA E. BUSS		
TITLE:	VICE PRESIDENT		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOYCE A. DALLESSIO		
TITLE:	VICE PRESIDENT		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DAVID W. DALTON		
TITLE:	VICE PRESIDENT		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NANCY D. EDWARDS VICE PRESIDENT 518 EAST BROAD STREET COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN E. ENGLISH VICE PRESIDENT 518 EAST BROAD STREET COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLYDE H. FITCH, JR. VICE PRESIDENT 518 EAST BROAD STREET COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN R. HAZELBAKER VICE PRESIDENT 518 EAST BROAD STREET COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICK L. HOLBEIN VICE PRESIDENT 518 EAST BROAD STREET COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN P. HUNCKLER VICE PRESIDENT 518 EAST BROAD STREET COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT A. JONES VICE PRESIDENT 518 EAST BROAD STREET COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL E. NORDMAN VICE PRESIDENT 518 EAST BROAD STREET COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN M. PETRUCCI VICE PRESIDENT 518 EAST BROAD STREET COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY G. REIK VICE PRESIDENT 518 EAST BROAD STREET COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY J. REYNOLDS VICE PRESIDENT 518 EAST BROAD STREET COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LYLE D. RHODEBECK VICE PRESIDENT 518 EAST BROAD STREET COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LORRAINE M. SIEGWORTH VICE PRESIDENT 518 EAST BROAD STREET COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY E. WILLEFORD VICE PRESIDENT 518 EAST BROAD STREET COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN BOWRON-WHITE ASST SECRETARY 518 EAST BROAD STREET COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JERRY BRUMFIELD ASST SECRETARY 518 EAST BROAD STREET COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MELISSA A. CENTERS ASST SECRETARY 518 EAST BROAD STREET COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW S. MROZEK CHIEF ACTUARIAL 518 EAST BROAD STREET COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEON M. NEDDO, JR. ASST SECRETARY 518 EAST BROAD STREET COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CYNTHIA A. POWELL RISK OFFICER 518 EAST BROAD STREET COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES A. YANO SECRETARY 518 EAST BROAD STREET COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS BLANK DIRECTOR 518 EAST BROAD ST COLUMBUS, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: ALISON COOLBRITH TITLE: DIRECTOR ADDRESS: 518 EAST BROAD ST CITY/ST/ZIP/CO: COLUMBUR, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL FIORILE TITLE: DIRECTOR ADDRESS: 518 EAST BROAD ST CITY/ST/ZIP/CO: COLUMBUS, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES KUNK TITLE: DIRECTOR ADDRESS: 518 EAST BROAD ST CITY/ST/ZIP/CO: COLUMBUS, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAUL J. OTTE TITLE: DIRECTOR ADDRESS: 518 EAST BROAD STREET CITY/ST/ZIP/CO: COLUMBUS, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARSHA P. RYAN TITLE: DIRECTOR ADDRESS: 518 EAST BROAD STREET CITY/ST/ZIP/CO: COLUMBUS, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: EDWIN J. SIMCOX TITLE: DIRECTOR ADDRESS: 518 EAST BROAD STREET CITY/ST/ZIP/CO: COLUMBUS, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DWIGHT E. SMITH TITLE: DIRECTOR ADDRESS: 518 EAST BROAD STREET CITY/ST/ZIP/CO: COLUMBUS, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROGER P. SUGERMAN TITLE: DIRECTOR ADDRESS: 518 EAST BROAD STREET CITY/ST/ZIP/CO: COLUMBUS, OH 43215	<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/ JESSICA E. BUSS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JESSICA E. BUSS, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	8/20/2014 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.		