

PD3549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

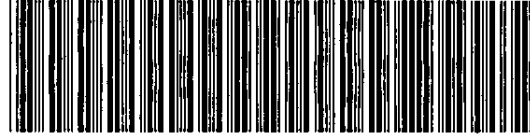
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/09/15--01047--006 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAR -9 AM 8:26

C.L.
3-25-15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2015

MONICA VOLK / RLI INSURANCE COMPANY
9025 N. LINDBERGH DRIVE
PEORIA, IL 61615 US

SUBJECT: CONTRACTORS BONDING AND INSURANCE COMPANY
Ref. Number: P03549

We have received your document for CONTRACTORS BONDING AND INSURANCE COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 615A00004965



■ Contractors Bonding and Insurance Company

9025 N. Lindbergh Drive | Peoria, IL 61615

Phone: 309-692-1000 | Fax: 309-692-1068 | www.cbic.com

March 18, 2015

Ms. Carolyn Lewis, Regulatory Specialist II
Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Contractors Bonding and Insurance Company - P03549

Dear Ms. Lewis:

I am in receipt of your letter of March 11, 2015, with respect to the above-noted company. However, the original attachments as indicated in the letter, were not returned. Per your request, I am enclosing a certified copy of the Articles of Reorganization as filed and approved with the Illinois Department of Insurance.

In this connection, please finalize the previously-submitted Application, whereby amending CBIC's state of domicile to Illinois. If you have any additional questions, please do not hesitate to contact me at monica.volk@rlicorp.com. Thank you for your assistance in this regard.

Sincerely,

A handwritten signature in black ink, appearing to read "Monica C. Volk", is written over the typed name.

Monica C. Volk
Corporate Secretary Department

Enclosure

15 MAR 23 AM 10:53
RECEIVED
ILLINOIS DEPT OF INSURANCE

15 MAR 23 PM 1:17

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Contractors Bonding and Insurance Company
Name of Corporation

DOCUMENT NUMBER: P03549

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monica Volk

Name of Contact Person

RLI Insurance Company

Firm/Company

9025 N. Lindbergh Drive

Address

Peoria, IL 61615

City/State and Zip Code

monica.volk@rlicorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica Volk

Name of Contact Person

at (**309**) **692-1000**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

P03549

(Document number of corporation (if known))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAR -9 AM 8:25

1. Contractors Bonding and Insurance Company

(Name of corporation as it appears on the records of the Department of State)

2. Illinois Washington
(Incorporated under laws of)

3. 10/01/1984
(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? N/A

5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

N/A

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

Illinois

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Jean M. Stephenson

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

JEAN M. STEPHENSON

(Typed or printed name of person signing)

VP/CORPORATE

(Title of person signing)

SECRETARY



STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
320 WEST WASHINGTON STREET
SPRINGFIELD, ILLINOIS 62767-0001



I, the undersigned, Director of Insurance of the State of Illinois, hereby certify that the document to which this Certification is attached is a true and correct copy of the original now on file in and forming a part of the records of the Illinois Department of Insurance.

In witness whereof, I hereto set my hand and cause to be affixed this Seal in Springfield, Illinois.

Date: JAN 14 2015

James A. Stephens
Acting Director of Insurance

**ARTICLES OF REORGANIZATION
OF
CONTRACTORS BONDING AND INSURANCE COMPANY**

The undersigned, being the President and Secretary of Contractors Bonding and Insurance Company, for the purpose of re-domesticating Contractors Bonding and Insurance Company from the State of Washington to the State of Illinois pursuant to the provisions of Article XII of the Illinois Insurance Code, hereby execute the following Articles of Reorganization:

ARTICLE I

NAME: The name of the corporation shall be Contractors Bonding and Insurance Company.

ARTICLE II

INCORPORATION: The corporation was originally incorporated on September 24, 1979, under the Washington Business Corporation Act. The corporation desires to reorganize and exist under the Illinois Insurance Code.

ARTICLE II

PRINCIPAL OFFICE: The principal office of the corporation shall be located in the City of Peoria, County of Peoria, State of Illinois.

ARTICLE III

DURATION: The period of duration of the corporation shall be perpetual.

ARTICLE IV

OBJECT AND KIND OF INSURANCE: The object of the corporation and the purpose for which it is formed is to make contracts of insurance and to reinsure and accept reinsurance for the kinds of insurance as set forth under Clauses (b), (c), (e), (f), (g), (h), (i), and (j) in Class 2 and Clauses (a) through (h) in Class 3 of Section 4 of the Illinois Insurance Code.

ARTICLE V

DIRECTORS:

(A) The corporate powers of the corporation shall be exercised by and its business affairs shall be under the control of a Board of Directors consisting of not less than three (3) nor more than twenty-one (21) natural persons and who are at least 18 years of age and at least three of whom are residents in this state. The number of directors shall be as provided in the By-Laws of this corporation.

(B) In all elections for directors, every shareholder has the right to vote in person or by proxy, for the number of shares owned by him or her, for as many persons as there are Directors to be elected.

ARTICLE VI

(A) The amount of authorized capital of the corporation shall be \$10,000,000; the aggregate number of common shares that the corporation shall have authority to issue without further amendment of this Article shall be 1,000,000; the par value of each common share shall be \$10.00; and the number of outstanding common shares are 300,000.

(B) The Board of Directors shall have the power by appropriate resolution to authorize the issuance or sale at any time or from time to time of the whole of or any part of said 1,000,000 authorized but unissued common shares as additions to paid-up capital pursuant to one or more permits issued at any time or from time to time by the Director of Insurance of the State of Illinois.

(C) No holder of shares of the corporation of any class, now or hereafter authorized, shall have any preferential or preemptive right to subscribe for, purchase, or receive any shares of the corporation of any class, now or hereafter authorized, or any options or warrants for such shares, or any rights to subscribe to or purchase such shares, or any securities convertible into or exchangeable for such shares which may at any time be issued, sold or offered for sale by the corporation.

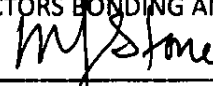
ARTICLE VII

BY-LAWS: The Board of Directors shall adopt By-Laws for the corporation which may be thereafter altered, amended or repealed by the Board of Directors. All provisions related to the mode or manner in which the corporate powers are to be exercised shall be provided in the By-Laws.

IN WITNESS WHEREOF, the undersigned insurance corporation has caused these Articles of Reorganization to be executed in its name by its President, COO and Corporate Secretary and its corporate seal to be hereto affixed this 24th day of September, 2014.

CONTRACTORS BONDING AND INSURANCE COMPANY

By: _____


Michael J. Stone
Its President & COO

By: _____


Jean M. Stephenson
Its AVP, Corporate Secretary

Approved this 24th day of September, 2014.

STATE OF ILLINOIS)
)SS
COUNTY OF PEORIA)

Personally appeared before me, a Notary Public, in and for said County and State, MICHAEL J. STONE, President & COO and JEAN M. STEPHENSON, AVP/Corporate Secretary who are known to me to be the same persons who executed the foregoing instrument in writing, and duly acknowledged the execution of the same.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 24th day of September, 2014.

Christina G Dean

Notary Public

My Commission Expires:

August 6, 2018

