

1.) CORPORATION NAME: <b>CALEDONIAN INSURANCE GROUP, INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM          4701 COX ROAD, SUITE 285          GLEN ALLEN, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>WA</b>	DUE DATE: <b>12/31/2013</b> SCC ID NO: <b>F1318809</b> 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>50,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	50,000
CLASS	AUTHORIZED				
COMMON	50,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 60

CITY/ST/ZIP: MERCER ISLAND, WA 98040-0060

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: ANTHONY H COWAN TITLE: CHAIRMAN ADDRESS: PO BOX 60 CITY/ST/ZIP/CO: MERCER ISLAND, WA 98040-0060	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
----------------------------------------------------------------------------------------------------------------	---------------------------------------------	----------------------------------------------	--

NAME: LAURENCE J MALONEY TITLE: VICE CHAIRMAN ADDRESS: P O BOX 60 CITY/ST/ZIP/CO: MERCER ISLAND, WA 98040	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
--------------------------------------------------------------------------------------------------------------------	---------------------------------------------	-----------------------------------	--

NAME: JEREMY MCCASLIN TITLE: President ADDRESS: PO BOX 60 CITY/ST/ZIP/CO: MERCER ISLAND, WA 98040	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
------------------------------------------------------------------------------------------------------------	----------------------------------	----------------------------------------------	--

NAME: PHILLIP STONEBRAKER TITLE: DIRECTOR ADDRESS: 1029 MAIN STREET CITY/ST/ZIP/CO: LEWISTON, ID 83501	<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/ JEREMY MCCASLIN	JEREMY MCCASLIN, President	12/9/2013
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.