

1.) CORPORATION NAME:

**CAMICO Mutual Insurance Company**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

DUE DATE: **10/31/2011**

SCC ID NO: **F1443490**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1800 GATEWAY DRIVE, SUITE 300

CITY/ST/ZIP: SAN MATEO, CA 94404-

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: LOUIS J BARBICH  
TITLE: CHAIRMAN  
ADDRESS: PO BOX 11171  
CITY/ST/ZIP/CO: BAKERSFIELD, CA 93389-

OFFICER  DIRECTOR

NAME: JOHN D DODSWORTH  
TITLE: DIRECTOR  
ADDRESS: 690 BLINN CT  
CITY/ST/ZIP/CO: LOS ALTOS, CA 94024-

OFFICER  DIRECTOR

NAME: GARY L MITCHELL  
TITLE: DIRECTOR  
ADDRESS: 303 E 17TH AVE #600  
CITY/ST/ZIP/CO: DENVER, CO 80203-

OFFICER  DIRECTOR

NAME: RICARDO R ROSARIO  
TITLE: P/CEO  
ADDRESS: 1800 GATEWAY DRIVE, SUITE 300  
CITY/ST/ZIP/CO: SAN MATEO, CA 94404-

OFFICER  DIRECTOR

NAME: JAY H STEWART  
TITLE: CFO  
ADDRESS: 1800 GATEWAY DRIVE, SUITE 300  
CITY/ST/ZIP/CO: SAN MATEO, CA 94404-

OFFICER  DIRECTOR

NAME: RONALD C PARISI TITLE: VICE PRESIDENT ADDRESS: 1800 GATEWAY DRIVE, SUITE 300 CITY/ST/ZIP/CO: SAN MATEO, CA 94404-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: SANDRA A. MAKER TITLE: SECRETARY ADDRESS: 1800 GATEWAY DRIVE, SUITE 300 CITY/ST/ZIP/CO: SAN MATEO, CA 94404-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ANDREW M EASSA TITLE: DIRECTOR ADDRESS: 5010 CAMPUSWOOD, SUITE 4 CITY/ST/ZIP/CO: E. SYRACUSE, NY 13057-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: R. PAT EVANS TITLE: DIRECTOR ADDRESS: 777 MAIN STREET, #3250 CITY/ST/ZIP/CO: FORT WORTH, TX 76102-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT G NUBER TITLE: DIRECTOR ADDRESS: 10900 N.E. FOURTH ST. #1700 CITY/ST/ZIP/CO: BELLEVUE, WA 98004-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BRYAN C POLSTER TITLE: DIRECTOR ADDRESS: 1801 PAGE MILL ROAD CITY/ST/ZIP/CO: PALO ALTO, CA 94304-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CAROLYN C RITICHER TITLE: DIRECTOR ADDRESS: 1355 PEACHTREE ST. N.E. #200 CITY/ST/ZIP/CO: ATLANTA, GA 30309-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES SUNSERI TITLE: DIRECTOR ADDRESS: 560 DAVIS STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: STUART M WEINSTEIN TITLE: DIRECTOR ADDRESS: 120 MONTGOMERY ST. #2075 CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94108-	<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/ SANDRA A. MAKER	SANDRA A. MAKER, SECRETARY	9/29/2011
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.