

1.) CORPORATION NAME:

CAMICO Mutual Insurance Company

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

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: RICARDO R ROSARIO TITLE: P/CEO ADDRESS: 1800 GATEWAY DRIVE, SUITE 300 CITY/ST/ZIP/CO: SAN MATEO, CA 94404	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RONALD C PARISI 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: JAY H STEWART TITLE: CFO ADDRESS: 1800 GATEWAY DRIVE, SUITE 300 CITY/ST/ZIP/CO: SAN MATEO, CA 94404	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LOUIS J BARBICH TITLE: CHAIRMAN ADDRESS: PO BOX 11171 CITY/ST/ZIP/CO: BAKERSFIELD, CA 93389	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN D DODSWORTH TITLE: DIRECTOR ADDRESS: 690 BLINN CT CITY/ST/ZIP/CO: LOS ALTOS, CA 94024	<input type="checkbox"/> OFFICER	<input checked="" 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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R. PAT EVANS DIRECTOR 777 MAIN STREET, #3250 FORT WORTH, TX 76102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY L MITCHELL DIRECTOR 303 E 17TH AVE #600 DENVER, CO 80203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT G NUBER DIRECTOR 10900 N.E. FOURTH ST. #1700 BELLEVUE, WA 98004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRYAN C POLSTER DIRECTOR 1801 PAGE MILL ROAD PALO ALTO, CA 94304	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROLYN C RITICHER DIRECTOR 1355 PEACHTREE ST. N.E. #200 ATLANTA, GA 30309	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES SUNSERI DIRECTOR 55-705 Turnberry Way La Quinta, CA 92253	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STUART M WEINSTEIN DIRECTOR 961 Huntington Way Walnut Creet, CA 94596	<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/ JAY H STEWART SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAY H STEWART, CFO PRINTED NAME AND CORPORATE TITLE	9/11/2012 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.			