

1.) CORPORATION NAME: <b>GREAT WESTERN INSURANCE COMPANY</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>REGISTERED AGENT SOLUTIONS, INC.          7288 HANOVER GREEN DRIVE          MECHANICSVILLE, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HANOVER COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>UT</b>	DUE DATE: <b>4/30/2016</b> SCC ID NO: <b>F1468869</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>200,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	200,000
CLASS	AUTHORIZED				
COMMON	200,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3434 WASHINGTON BLVD STE 300  
 CITY/ST/ZIP: OGDEN, UT 84401

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: JOHN A LINDQUIST II TITLE: PRESIDENT ADDRESS: 3434 WASHINGTON BLVD #300 CITY/ST/ZIP/CO: OGDEN, UT 84401	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
--	---	--	--

NAME: JOHN E LINDQUIST TITLE: CEO/COB ADDRESS: 3434 WASHINGTON BLVD #300 CITY/ST/ZIP/CO: OGDEN, UT 84401	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
---	---	--	--

NAME: NATHAN D FELIX TITLE: SECRETARY ADDRESS: 3434 WASHINGTON BLVD CITY/ST/ZIP/CO: OGDEN, UT 84401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
--	---	-----------------------------------	--

NAME: RICHARD F FAIRBANKS II TITLE: DIRECTOR ADDRESS: 3434 WASHINGTON BLVD SUITE 300 CITY/ST/ZIP/CO: OGDEN, UT 84401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
---	----------------------------------	--	--

NAME: TOM JOHNSON TITLE: DIRECTOR ADDRESS: 3434 WASHINGTON BLVD SUITE 300 CITY/ST/ZIP/CO: OGDEN, UT 84401	<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/ JOHN A LINDQUIST II	JOHN A LINDQUIST II, PRESIDENT	3/8/2016
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.