

1.) CORPORATION NAME:

Great Divide Insurance Company

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1699281**

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:

ND

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7233 E BUTHERUS DRIVE

CITY/ST/ZIP: SCOTTSDALE, AZ 85260

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:	STEVEN ZEITMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	THREE RAVINIA DR STE 500		
CITY/ST/ZIP/CO:	ATLANTA, GA 30346-2145		
NAME:	W ROBERT BERKLEY JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	475 STEAMBOAT ROAD		
CITY/ST/ZIP/CO:	GREENWICH, CT 06830		
NAME:	JAMES S CAREY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1255 CALDWELL ROAD		
CITY/ST/ZIP/CO:	CHERRY HILL, NJ 08034		
NAME:	ROBERT C HEWITT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	475 STEAMBOAT ROAD		
CITY/ST/ZIP/CO:	GREENWICH, CT 06830		
NAME:	MICHAEL J KILGAS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7233 EAST BUTHERUS DRIVE		
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85260		
NAME:	PATRICIA LONDON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	3 RAVINIA DR, SUITE 500		
CITY/ST/ZIP/CO:	ATLANTA, GA 30346		

NAME: EUGENE BALLARD TITLE: DIRECTOR ADDRESS: 475 STEAMBOAT RD CITY/ST/ZIP/CO: GREENWICH, CT 06830	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: IRA LEDERMAN TITLE: DIRECTOR ADDRESS: 475 STEAMBOAT RD CITY/ST/ZIP/CO: GREENWICH, CT 06830	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS KUZMA TITLE: DIRECTOR ADDRESS: 7233 EAST BUTHERUS DR CITY/ST/ZIP/CO: SCOTTSDALE, AZ 85260	<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/ PATRICIA LONDON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PATRICIA LONDON, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	4/11/2013 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.		