

1.) CORPORATION NAME:

DUE DATE: **2/28/2014**

Great Divide Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1699281**

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	6,000,000

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.

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

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL J KILGAS VICE PRESIDENT 7233 EAST BUTHERUS DRIVE SCOTTSDALE, AZ 85260	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS KUZMA PRESIDENT 7233 EAST BUTHERUS DR SCOTTSDALE, AZ 85260	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	IRA LEDERMAN DIRECTOR 475 STEAMBOAT RD GREENWICH, CT 06830	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MIKLOS F KALLO VICE PRESIDENT 7233 E BUTHERUS DR SCOTTSDALE, AZ 85260	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WENDY L MARKHAM VICE PRESIDENT 7233 E BUTHERUS DR SCOTTSDALE, AZ 85260	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANET L SHEMANSKE SECRETARY 7233 E BUTHERUS DR SCOTTSDALE, AZ 85260	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KELLIE R BARWICK VICE PRESIDENT 7233 E BUTHERUS DR SCOTTSDALE, AZ 85260	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES CASSARA III VICE PRESIDENT 7233 E BUTHERUS DR SCOTTSDALE, AZ 85260	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN S CORRIGALL VICE PRESIDENT 6455 E. JOHNS CROSSING, STE 325 DULUTH, GA 30097	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RAYMOND J HALL VICE PRESIDENT 7233 E BUTHERUS DR SCOTTSDALE, AZ 85260	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIMBERLY R LEVENSKY VICE PRESIDENT 7233 E BUTHERUS DR SCOTTSDALE, AZ 85260	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BONNIE R MCKRILL VICE PRESIDENT 7233 E BUTHERUS DR SCOTTSDALE, AZ 85260	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VERONICA L MONTEILH VICE PRESIDENT 7233 E BUTHERUS DR SCOTTSDALE, AZ 85260	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBORAH J SAVOIE VICE PRESIDENT 7233 E BUTHERUS DR SCOTTSDALE, AZ 85260	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MINDY M SHEBLE VICE PRESIDENT 7233 E BUTHERUS DR SCOTTSDALE, AZ 85260	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MONICA R SPIVEY VICE PRESIDENT 7233 E BUTHERUS DR SCOTTSDALE, AZ 85260	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHERINE M SUHM VICE PRESIDENT 7233 E BUTHERUS DR SCOTTSDALE, AZ 85260	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH G SHORES VICE PRESIDENT 2850 W. GOLF RD, STE 800 ROLLING MEADOWS, IL 60008	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CRAIG N WILLIAMS VICE PRESIDENT 7233 E BUTHERUS DR SCOTTSDALE, AZ 85260	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRADLEY A LONTZ VICE PRESIDENT 7233 E BUTHERUS DR SCOTTSDALE, AZ 85260	<input checked="" type="checkbox"/> OFFICER	<input 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/ JANET LSHEMANSKE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JANET LSHEMANSKE, PRINTED NAME AND CORPORATE TITLE	2/4/2014 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.			