

1.) CORPORATION NAME:

DUE DATE: **8/31/2014**

**Granite Re, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1868985**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**OK**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 14001 QUAILBROOK DR

CITY/ST/ZIP: OKLAHOMA CITY, OK 73134

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:	KENNETH D WHITTINGTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	14001 QUAILBROOK DR		
CITY/ST/ZIP/CO:	OKLAHOMA CITY, OK 73134		
NAME:	MICHAEL J DOUGLAS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2920 ENLOE ST		
CITY/ST/ZIP/CO:	HUDSON, WI 54016		
NAME:	JONATHAN H PATE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	14001 QUAILBROOK DRIVE		
CITY/ST/ZIP/CO:	OKLAHOMA CITY, OK 73134		
NAME:	STEVEN P BLAKE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	14001 QUAILBROOK DRIVE		
CITY/ST/ZIP/CO:	OKLAHOMA CITY, OK 73134		
NAME:	BRADLEY J TOLLEFSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	14001 QUAILBROOK DRIVE		
CITY/ST/ZIP/CO:	OKLAHOMA CITY, OK 73134		
NAME:	KYLE P MCDONALD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	14001 QUAILBROOK DR		
CITY/ST/ZIP/CO:	OKLAHOMA CITY, OK 73134		

NAME: SUZANNE M PARSONS TITLE: ASST TREASURER ADDRESS: 14001 QUAILBROOK DRIVE CITY/ST/ZIP/CO: OKLAHOMA CITY, OK 73134	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KYLE MCDONALD TITLE: SECRETARY ADDRESS: 14001 QUAILBROOK DRIVE CITY/ST/ZIP/CO: OKLAHOMA CITY, OK 73134	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: FRATES FAMILY TRUST TITLE: OWNER ADDRESS: PO BOX 26967 CITY/ST/ZIP/CO: OKLAHOMA CITY, OK 73126	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: GALEN T PATE TITLE: DIRECTOR ADDRESS: 8918 ARALIA CT CITY/ST/ZIP/CO: INVER GROVE HEIGHTS, MN 55077	<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/ SUZANNE M PARSONS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SUZANNE M PARSONS, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	7/2/2014 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.		