

1.) CORPORATION NAME:

ALPS PROPERTY & CASUALTY INSURANCE COMPANY

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DAVID C HUDGINS
515 KING ST STE 400
ALEXANDRIA, VA**

SCC ID NO: **F1928425**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 111 N HIGGINS AVE, STE 200
PO BOX 9169

CITY/ST/ZIP: MISSOULA, MT 59807-9169

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID A BELL	
TITLE:	PRES/CEO	
ADDRESS:	ALPS CORPORATION P.O. BOX 9169 MISSOULA, MT 59807	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BRADLEY D DANTIC	
TITLE:	VP/SEC	
ADDRESS:	P.O. BOX 9169 MISSOULA, MT 59807-9169	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CHRISTOPHER NEWBOLD	
TITLE:	VICE PRESIDENT	
ADDRESS:	ALPS CORPORATION P.O. BOX 9169 MISSOULA, MT 59807-9169	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SARA D SMITH	
TITLE:	TREAS/CFO	
ADDRESS:	ALPS CORPORATION P.O. BOX 9169 MISSOULA, MT 59807-9169	
CITY/ST/ZIP/CO:		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT W MINTO, JR	
TITLE:	CHAIRMAN	
ADDRESS:	ALPS CORPORATION P.O. BOX 9169 MISSOULA, MT 59807-9169	
CITY/ST/ZIP/CO:		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KEITH E BROWN	
TITLE:	DIRECTOR	
ADDRESS:	821 N ST, STE 202 ANCHORAGE, AK 99501	
CITY/ST/ZIP/CO:		

NAME:	BRUCE L CROCKETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	425 MARSHALL ST		
CITY/ST/ZIP/CO:	HOUSTON, TX 77006		
NAME:	MICHAEL A GLASSER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	580 E MAIN ST, STE. 600		
CITY/ST/ZIP/CO:	NORFOLK, VA 23510		
NAME:	DAVID R GRUNDY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6005 PLUMAS ST, STE 300		
CITY/ST/ZIP/CO:	RENO, NV 89509		
NAME:	NATALMA M McKNEW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 87		
CITY/ST/ZIP/CO:	GREENVILLE, SC 29602		
NAME:	RONALD H McLEAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 6017		
CITY/ST/ZIP/CO:	FARGO, ND 58106-6017		
NAME:	DIANE K MINNICH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 895		
CITY/ST/ZIP/CO:	BOISE, ID 83701		
NAME:	JOHN L SENNOTT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7 TIMES SQUARE TOWER		
CITY/ST/ZIP/CO:	17TH FLOOR NEW YORK, NY 10036		
NAME:	CHARLES H STEILEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	S 5001 WOODFIELD LN		
CITY/ST/ZIP/CO:	SPOKANE, WA 99223		
NAME:	JEFFREY T SVEEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 490		
CITY/ST/ZIP/CO:	ABERDEEN, SD 57402-0490		
NAME:	W JEFFREY TAYLOR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 1680		
CITY/ST/ZIP/CO:	WILMINGTON, DE 19899-1680		

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/ BRADLEY D DANTIC	BRADLEY D DANTIC, VP/SEC	4/16/2014
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.