

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003354

FILED
Mar 19, 2009
Secretary of State

Entity Name: GREAT WESTERN INSURANCE COMPANY

Current Principal Place of Business:

3434 WASHINGTON BLVD, #300
OGDEN, UT 84401 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3428
OGDEN, UT 844091428 US

New Mailing Address:

FEI Number: 87-0395954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEFOREST, BOB
3957 NW 43RD CRT
GAINSVILLE, FL 32606 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LINDQUIST, JOHN E
Address: 3434 WASHINGTON BLVD, #300
City-St-Zip: OGDEN, UT 84401

Title: D () Delete
Name: KNAUSS, KENNETH
Address: 3434 WASHINGTON BLVD, #300
City-St-Zip: OGDEN, UT 84401

Title: ST () Delete
Name: MEESE, FRED L JR
Address: 3434 WASHINGTON BLVD #300
City-St-Zip: OGDEN, UT 84401

Title: D () Delete
Name: LINDQUIST, JOHN A
Address: 3434 WASHINGTON BVLD, #300
City-St-Zip: OGDEN, UT 84401

Title: D () Delete
Name: JOHNSON, TOM H
Address: 3434 WASHINGTON BLVD, #300
City-St-Zip: OGDEN, UT 84401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MEESE, FRED L JR
Address: 3434 WASHINGTON BLVD #300
City-St-Zip: OGDEN, UT 84401

Title: T (X) Change () Addition
Name: LINDQUIST II, JOHN A
Address: 3434 WASHINGTON BVLD, #300
City-St-Zip: OGDEN, UT 84401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED MEESE

O

03/19/2009

Electronic Signature of Signing Officer or Director

Date