


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P36311</b> 1. Entity Name GREAT DIVIDE INSURANCE COMPANY	
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Principal Place of Business 7273 E BUTHERUS DRIVE SCOTTSDALE, AZ 85260 US	Mailing Address 7273 E BUTHERUS DRIVE SCOTTSDALE, AZ 85260 US
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**DO NOT WRITE IN THIS SPACE**



03042004 No Chg-P CR2E034 (10/03)

4. FEI Number 45-0397186	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SUTHERLAND, BETTY C 8381 DIX ELLIS TRL JACKSON BLDG- STE 400 JACKSONVILLE, FL 32256	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000089505 03/15/04-80095-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DIBIASI, JOHN M 7273 EAST BUTHERUS DRIVE SCOTTSDALE, AZ 85260
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEDERMAN, IRA S 475 STEAMBOAT RD. GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BALLARD, EUGENE G 475 STEAMBOAT RD. GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KUZMA, THOMAS M 7273 E BUTHERUS DR SCOTTSDALE, AZ 85260
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS SHEMANSKE, JANET L 7273 E. BUTHERUS DR. SCOTTSDALE, AZ 85260
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD RUNBERG, JOHN M 7273 E. BUTHERUS DR. SCOTTSDALE, AZ 85260

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  3/4/04 480-922-4045  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #