


2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

05 OCT 12 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P36311		
1. Entity Name GREAT DIVIDE INSURANCE COMPANY		

Principal Place of Business 7273 E. BUTHERUS DRIVE SCOTTSDALE, AZ 85260 US	Mailing Address 7273 E. BUTHERUS DRIVE SCOTTSDALE, AZ 85260 US
--	--

2. Principal Place of Business 7233 E. Butherus Drive	3. Mailing Address 7233 E. Butherus Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Scottsdale, AZ	City & State Scottsdale, AZ
Zip 85260	Country U.S.A.



10072005 REIN-P CR2E098 (6/04)

4. FEI Number 45-0397186	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIBIASI, JOHN M 7273 EAST BUTHERUS DRIVE SCOTTSDALE, AZ 85260 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7233 E. Butherus Drive Scottsdale, AZ 85260
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEDERMAN, IRA S 475 STEAMBOAT RD. GREENWICH, CT 06830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500061077625 11/01/05--01056--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLARD, EUGENE G 475 STEAMBOAT RD. GREENWICH, CT 06830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition K. Eckel OCT 17 2005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KUZMA, THOMAS M 7273 E BUTHERUS DR SCOTTSDALE, AZ 85260 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7233 E. Butherus Drive Scottsdale, AZ 85260
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SHEMANSKE, JANET L 7273 E. BUTHERUS DR. SCOTTSDALE, AZ 85260 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7233 E. Butheurs Drive Scottsdale, AZ 85260
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RUNBERG, JOHN M 7273 E. BUTHERUS DR. SCOTTSDALE, AZ 85260 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7233 E. Butherus Drive Scottsdale, AZ 85260

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John M. Runberg, Vice President, Treasurer & Director October 7, 2005 (800) 842-8972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #