

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P36311

FILED
Oct 23, 2008
Secretary of State

Entity Name: GREAT DIVIDE INSURANCE COMPANY

Current Principal Place of Business:

7233 E BUTHERUS DRIVE
SCOTTSDALE, AZ 85260 US

New Principal Place of Business:

Current Mailing Address:

7233 E BUTHERUS DRIVE
SCOTTSDALE, AZ 85260 US

New Mailing Address:

FEI Number: 45-0397186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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: CHIEF FINANCIAL OFFICER

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SV () Delete
Name: KILGAS, MICHAEL J
Address: 7233 EAST BUTHERUS DRIVE
City-St-Zip: SCOTTSDALE, AZ 85260 US

Title: D () Delete
Name: LEDERMAN, IRA S
Address: 475 STEAMBOAT RD.
City-St-Zip: GREENWICH, CT 06830

Title: D () Delete
Name: BALLARD, EUGENE G
Address: 475 STEAMBOAT RD.
City-St-Zip: GREENWICH, CT 06830

Title: DP () Delete
Name: KUZMA, THOMAS M
Address: 7233 E BUTHERUS DRIVE
City-St-Zip: SCOTTSDALE, AZ 85260 US

Title: VS () Delete
Name: SHEMANSKE, JANET L
Address: 7233 E BUTHERUS DRIVE
City-St-Zip: SCOTTSDALE, AZ 85260 US

Title: VTD () Delete
Name: RUNBERG, JOHN M
Address: 7233 E BUTHERUS DRIVE
City-St-Zip: SCOTTSDALE, AZ 85260 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: JANET L. SHEMANSKE

VS

10/23/2008

Electronic Signature of Signing Officer or Director

Date