## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36311

Apr 07, 2011 Secretary of State

Entity Name: GREAT DIVIDE INSURANCE COMPANY

Current Principal Place of Business: New Principal Place of Business:

7233 E BUTHERUS DRIVE SCOTTSDALE, AZ 85260 US

Current Mailing Address: New Mailing Address:

7233 E BUTHERUS DRIVE SCOTTSDALE, AZ 85260 US

FEI Number: 45-0397186 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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

**OFFICERS AND DIRECTORS:** 

Title: SV

Name: KILGAS, MICHAEL J

Address: 7233 EAST BUTHERUS DRIVE City-St-Zip: SCOTTSDALE, AZ 85260 US

Title:

Name: LEDERMAN, IRA S Address: 475 STEAMBOAT RD. City-St-Zip: GREENWICH, CT 06830

Title:

Name: BALLARD, EUGENE G Address: 475 STEAMBOAT RD. City-St-Zip: GREENWICH, CT 06830

Title: DP

Name: KUZMA, THOMAS M
Address: 7233 E BUTHERUS DRIVE
City-St-Zip: SCOTTSDALE, AZ 85260 US

Title: VS

Name: SHEMANSKE, JANET L Address: 7233 E BUTHERUS DRIVE City-St-Zip: SCOTTSDALE, AZ 85260 US

Title: SVT

 Name:
 KALLO, MIKLOS F

 Address:
 7233 E BUTHERUS DRIVE

 City-St-Zip:
 SCOTTSDALE, AZ 85260 US

I hereby 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 all other like empowered.

SIGNATURE: JANET L. SHEMANSKE VS 04/07/2011