

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90111 040 ***150.00

DOCUMENT # 812596

1. Entity Name
GUIDEONE MUTUAL INSURANCE COMPANY

Principal Place of Business 1111 ASHWORTH RD W DES MOINES IA 50265	Mailing Address 1111 ASHWORTH RD W DES MOINES IA 50265
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number **42-0645088** Applied For
 Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SMITH, CHUCK
1080 WOODSTOCK ROAD
SUITE 276
ORLANDO FL 32803

7. Name and Address of New Registered Agent
 Name **Terry Brown**
 Street Address (P.O. Box Number is Not Acceptable)
270 Waymont Ct.
 City **Lake Mary** **FL** Zip Code **32746**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HANSEN, DARRYL D 1111 ASHWORTH RD W DES MOINES IA 50265	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BECKSTROM, JANICE 1111 ASHWORTH RD W DES MOINES IA 50265	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOWELL, DOUGLAS 1111 ASHWORTH RD W DES MOINES IA 50265	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARR, THOMAS C. 1111 ASHWORTH RD W DES MOINES IA 50265	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLUNK, ROBERT M 1111 ASHWORTH RD DES MOINES IA 50265	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>See attached sheet</i>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>See attached sheet</i>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas C. Farr* **Thomas C. Farr** **4/12/01** **515-267-5572**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

GuideOne Mutual Insurance Company

Attachment Doc# 818596

C0050860

Board Members

Darryl D. Hansen, Chairman

Robert M. Plunk

Lynn K. Vorbrich

Gen Olson

Frank T. Harrison

Robert E. Wood

James R. Brennan

Robert L. Vermeer

Palma A. Farr

C. Lance Herrin

1111 Ashworth Road

West Des Moines, IA 50265

Attachment Doc# 818594

C0050860

Officers

Darryl D. Hansen, President & CEO

Janice K. Beckstrom, Executive Vice President &
Chief Operating Officer

Douglas K. Howell, Senior Vice President, Treasurer & CFO

Robert A. Crane, Sr Vice President and CIO

~~Thomas C. Farr, Secretary, General Counsel & Sr VP - Claims~~

John C. Roberts, Sr Vice President/Human Resources

Brian J. Hughes, Vice President/Investments

Gregory H. Ellison, Vice President/Commercial Lines

James W. Keim, Regional Vice President

Donald E. Page, Regional Vice President

K. Wayne Cobb, Regional Vice President

Scott Reddig, Vice President and Chief Actuary

William M. Sammon, Asst VP/Underwriting,
Consumer Services Division

Gilbert M. Korthals, Asst VP/Commercial

James C. Bonney, Asst VP/Commercial Business Development

Robert D. Conroy, Assistant Vice President/Agency Operations

Marq James, Assistant Vice President/Sales Development

Ann J. Michelson, Assistant Vice President, Human Resources, Assistant Secretary

Kermit M. Starnes, Vice President

[Officers for statutory duty purposes only]

~~Douglas V. Shelton, Assistant Treasurer~~

D. Samuel Waters, Assistant Secretary

Address for all the names listed above is as follows:

1111 Ashworth Rd.
West Des Moines, IA 50265