

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 812596

**FILED**  
**Jan 05, 2005**  
**Secretary of State**

**Entity Name:** GUIDEONE MUTUAL INSURANCE COMPANY

**Current Principal Place of Business:**

1111 ASHWORTH RD  
W DES MOINES, IA 50265

**New Principal Place of Business:**

**Current Mailing Address:**

1111 ASHWORTH RD  
W DES MOINES, IA 50265

**New Mailing Address:**

**FEI Number:** 42-0645088      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BROWN, TERRY  
270 WAYMONT CT  
UNIT 100  
LAKE MARY, FL 32746 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: VORBRICH, LYNN  
Address: 1111 ASHWORTH RD  
City-St-Zip: W DES MOINES, IA 50265

Title: COO ( ) Delete  
Name: BECKSTROM, JANICE  
Address: 1111 ASHWORTH RD  
City-St-Zip: W DES MOINES, IA 50265

Title: T ( ) Delete  
Name: JOOS, MARK  
Address: 1111 ASHWORTH RD  
City-St-Zip: W DES MOINES, IA 50265

Title: S ( ) Delete  
Name: FARR, THOMAS C.  
Address: 1111 ASHWORTH RD  
City-St-Zip: W DES MOINES, IA 50265

Title: P ( ) Delete  
Name: WALLACE, JAMES D  
Address: 1111 ASHWORTH RD  
City-St-Zip: DES MOINES, IA 50265

Title: SRVP ( ) Delete  
Name: CRANE, ROBERT A  
Address: 1111 ASHWORTH RD  
City-St-Zip: WEST DES MOINES, IA 50265

**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 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 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: THOMAS C. FARR

S

01/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date