

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812596

FILED
Feb 24, 2010
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:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP
Name: MURRAY, CATHY
Address: 1111 ASHWORTH ROAD
City-St-Zip: WEST DES MOINSE, IA 50265

Title: EVP
Name: BECKSTROM, JANICE
Address: 1111 ASHWORTH RD
City-St-Zip: W DES MOINES, IA 50265

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

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

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

Title: SRVP
Name: FISCHER, THOMAS R
Address: 1111 ASHWORTH RD
City-St-Zip: WEST DES MOINES, IA 50265

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: THOMAS C FARR

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02/24/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date