

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90129 030 \*\*\*150.00

05-10-2003

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 812597

1. Corporation Name  
**GUIDANT SPECIALTY MUTUAL INSURANCE COMPANY**



Principal Place of Business 1111 ASHWORTH RD WEST DES MOINES IA 50265-0600 US	Mailing Address 1111 ASHWORTH RD WEST DES MOINES IA 50265-0600 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/01/1958</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>42-0660911</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WACK, RICHARD G 20 N ORANGE AVE ORLANDO FL 32802</b>				10. Name and Address of New Registered Agent	
81 Name		<b>THOMAS KETRING</b>			
82 Street Address (P.O. Box Number is Not Acceptable)		<b>1012 PINEHURST COURT</b>			
83					
84 City		<b>OVIEDO</b>		85 Zip Code	<b>FL 32765</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Thomas Ketring (NOTE: Registered Agent signature required when reinstating) DATE 4-23-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LILJEDAH, KENNETH J.</b>	1.2 NAME	
STREET ADDRESS	<b>1111 ASHWORTH RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W DES MOINES IA 50265</b>	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALLEW, GLENN</b>	2.2 NAME	
STREET ADDRESS	<b>1111 ASHWORTH RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W DES MOINES IA 50265</b>	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWELL, DOUGLAS K</b>	3.2 NAME	
STREET ADDRESS	<b>1111 ASHWORTH RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DES MOINES IA 50265</b>	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FARR, THOMAS C</b>	4.2 NAME	
STREET ADDRESS	<b>1111 ASHWORTH RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST DES MOINES IA 50265</b>	4.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REICHART, GREG</b>	5.2 NAME	
STREET ADDRESS	<b>1111 ASHWORTH RD</b>	5.3 STREET ADDRESS	<b>SEE ATTACHED</b>
CITY-ST-ZIP	<b>W DES MOINES IA 50265</b>	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUGHES, BRIAN J</b>	6.2 NAME	
STREET ADDRESS	<b>1111 ASHWORTH RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST DES MOINES IA 50265</b>	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas V. Shelton DOUGLAS V. SHELTON 4/22/99 (515)267-5754  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)

812597  
532262-90/29-30

**GUIDANT SPECIALTY MUTUAL INSURANCE COMPANY**  
**1111 ASHWORTH ROAD**  
**WEST DES MOINES, IA 50265**

**Board Members**

Darryl D. Hansen	C
Robert M. Plunk	D
Robert D. Meyer	D
Lee B. McClain	D
Lynn K. Vorbrich	D
Lowell R. Beck	D
Gen Olson	D
Frank T. Harrison	D
Robert E. Wood	D
James R. Brennan	D
Robert L. Vermeer	D

**Officers**

Darryl D. Hansen	P
Douglas K. Howell	VT
Robert A. Crane	V
Thomas C. Farr	VS
Janice K. Beckstrom	P
Jeffrey D. Eaton	P
Larry D. Morris	V
John C. Roberts	V
Lynsey L. Oster	V
Brian J. Hughes	V
Gregory H. Ellison	V
James W. Keim	V
Donald E. Page	V
K. Wayne Cobb	V
David A. Withers	V
Kenneth J. Liljedahl	V
H. James McCafferty	V
William M. Sammon	V
Gilbert M. Korthals	V
James C. Bonney	V
Robert D. Conroy	V
Ann J. Michelson	V

Annette M. Roth	Assistant Treasurer
Douglas V. Shelton	Assistant Treasurer
Susan K. Bunz	Assistant Secretary
Carla S. Meiners	Assistant Secretary
Denice Y. Mondt	Assistant Secretary