

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 812597

1. Entity Name

GUIDEONE SPECIALTY MUTUAL INSURANCE COMPANY

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90133 015 \*\*\*150.00

Principal Place of Business

Mailing Address

1111 ASHWORTH RD  
WEST DES MOINES IA 50265-0600

1111 ASHWORTH RD  
WEST DES MOINES IA 50265-3544  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

42-0660911

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KETRING, THOMAS  
1012 PINEHURST CT  
OVIEDO FL 32765

Name **Chuck Smith**

Street Address (P.O. Box Number is Not Acceptable)  
1080 Woodstock Road, Suite 276

City **Orlando**

**FL**

**32803**

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

*Chuck Smith*

**Chuck Smith**

**State Business Director**

**4/26/00**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete  
NAME **LILJEDAHN, KENNETH J.**  
STREET ADDRESS **1111 ASHWORTH RD**  
CITY-ST-ZIP **W DES MOINES IA 50265**

TITLE ☐ Change ☐ Addition  
NAME **See attached sheet for**  
STREET ADDRESS **additional officers and directors**  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **HOWELL, DOUGLAS K**  
STREET ADDRESS **1111 ASHWORTH RD**  
CITY-ST-ZIP **DES MOINES IA 50265**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **FARR, THOMAS C**  
STREET ADDRESS **1111 ASHWORTH RD**  
CITY-ST-ZIP **WEST DES MOINES IA 50265**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **OSTER, LYNSEY L**  
STREET ADDRESS **1111 ASHWORTH RD**  
CITY-ST-ZIP **W DES MOINES IA 50265**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **HUGHES, BRIAN J**  
STREET ADDRESS **1111 ASHWORTH RD**  
CITY-ST-ZIP **WEST DES MOINES IA 50265**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**

**4/26/00**

**515-262-5572**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

812597

Attachment  
721963

**GuideOne Specialty Mutual Ins. Co.**

**Board Members**

Darryl D. Hansen, C/P  
Robert M. Plunk, D  
Lynn K. Vorbrich, D  
Gen Olson, D  
Frank T. Harrison, D  
Robert E. Wood, D  
James R. Brennan, D  
Robert L. Vermeer, D  
Palma A. Farr, D  
C. Lance Herrin, D

Addresses for all officers and directors, unless  
otherwise noted is:

1111 Ashworth Rd., West Des Moines, IA 50265

**Officers**

Darryl D. Hansen, President & CEO  
Douglas K. Howell, T/V  
Robert A. Crane, V  
Thomas C. Farr, V/S  
Janice K. Beckstrom, 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  
Kenneth J. Liljedahl, V  
Scott Reddig, V  
H. James McCafferty, V