

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812597

FILED  
Feb 24, 2010  
Secretary of State

**Entity Name:** GUIDEONE SPECIALTY MUTUAL INSURANCE COMPANY

**Current Principal Place of Business:**

1111 ASHWORTH RD  
WEST DES MOINES, IA 502650600 US

**New Principal Place of Business:**

**Current Mailing Address:**

1111 ASHWORTH RD  
WEST DES MOINES, IA 502650600 US

**New Mailing Address:**

**FEI Number:** 42-0660911

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHIEF FINANCIAL OFFICER  
DEPT. OF FINANCIAL SERVICES  
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:** PCEO  
**Name:** WALLACE, JAMES D  
**Address:** 1111 ASHWORTH RD  
**City-St-Zip:** W DES MOINES, IA 50265

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

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

**Title:** SVP  
**Name:** FISCHER, THOMAS R  
**Address:** 1111 ASHWORTH RD  
**City-St-Zip:** W DES MOINES, IA 50265

**Title:** SVP  
**Name:** HUGHES, BRIAN J  
**Address:** 1111 ASHWORTH RD  
**City-St-Zip:** WEST DES MOINES, IA 50265

**Title:** EVP  
**Name:** BECKSTROM, JANICE K  
**Address:** 1111 ASHWORTH ROAD  
**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

S

02/24/2010

Electronic Signature of Signing Officer or Director

Date