2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#812597

FILED Feb 15, 2011 Secretary of State

Entity Name: GUIDEONE SPECIALTY MUTUAL INSURANEC COMPANY

Current Principal Place of Business: New Principal Place of Business:

1111 ASHWORTH RD

WEST DES MOINES, IA 502650600 US

Current Mailing Address: New Mailing Address:

1111 ASHWORTH RD

WEST DES MOINES, IA 502650600 US

FEI Number: 42-0660911 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CHIEF FINANCIAL OFFICER DEPT. OF FINANCIAL SERVICES 200 E. GAINES ST. TALLAHASSEE, FL 32399 US

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

OFFICERS AND DIRECTORS:

Title: PCEO

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

Title: 1

Name: JOOS, MARK

Address: 1111 ASHWORTH RD City-St-Zip: DES MOINES, IA 50265

Title: SVP

Name: HUGHES, BRIAN 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: EVP

Name: REDDIG, SCOTT Address: 1111 ASHWORTH RD

City-St-Zip: WEST DES MOINES, IA 50265

Title: AVP

 Name:
 BUCKLEY, SARAH

 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 SEC 02/15/2011