

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

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

05-10-1999 90129 033 \*\*\*150.00

0549210

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # F95000003879**

1. Corporation Name  
**GUIDANT AMERICA INSURANCE COMPANY**



Principal Place of Business  
**1111 ASHWORTH RD**  
**WEST DES MOINES IA 50265-3538**  
 US

Mailing Address  
**1111 ASHWORTH ROAD**  
**WEST DES MOINES IA 50265-3538**  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23  
 Zip  
 24  
 Country  
 25

2a. Mailing Address  
 26  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28  
 Zip  
 29  
 Country  
 30

3. Date Incorporated or Qualified  
**08/11/1995**

4. FEI Number  
**36-3230348**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**WACK, RICHARD G**  
**20 N ORANGE AVE**  
**ORLANDO FL 32802**

10. Name and Address of New Registered Agent  
 81 Name **Thomas Ketring**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **1012 Pinehurst Court**  
 84 City **Oviedo** FL 85 Zip Code **32765**

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HANSEN, DARRYL D.</b>	1.2 NAME	<b>P</b>
STREET ADDRESS	<b>1111 ASHWORTH RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST DES MOINES IA 50265</b>	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D BALLEW, GLENN L</b>	2.2 NAME	<b>P/D</b>
STREET ADDRESS	<b>1111 ASHWORTH ROAD</b>	2.3 STREET ADDRESS	<b>Jeffrey D. Eaton</b>
CITY-ST-ZIP	<b>WEST DES MOINES IA 50265</b>	2.4 CITY-ST-ZIP	<b>1111 Ashworth Rd.</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>T HOWELL, DOUGLAS K</b>	3.2 NAME	<b>V/D</b>
STREET ADDRESS	<b>1111 ASHWORTH RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W DES MOINES IA 52065</b>	3.4 CITY-ST-ZIP	<b>50265</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VPD BECKSTROM, JANICE K</b>	4.2 NAME	<b>D/P</b>
STREET ADDRESS	<b>1111 ASHWORTH RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST DES MOINES IA</b>	4.4 CITY-ST-ZIP	<b>50265</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>S FARR, THOMAS C</b>	5.2 NAME	<b>V</b>
STREET ADDRESS	<b>1111 ASHWORTH RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST DES MOINES IA 50265</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	<b>see attached</b>
CITY-ST-ZIP		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 DATE: 4/22/99 DAYTIME PHONE #: 515-267-5754

CR2E034 (1/98)

F95000003879  
532265-90129-33

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

**Board Members**

Darryl D. Hansen	C
Douglas K. Howell	D
Janice K. Beckstrom	D
Brian L. Baxter	D
Jeffrey D. Eaton	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