## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 28, 2000 8:00 am Secretary of State DOCUMENT # F9500003879 1. Entity Name GUIDEONE AMERICA INSURANCE COMPANY 04-28-2000 90133 014 \*\*\*150.00 Principal Place of Business Mailing Address 1111 ASHWORTH RD 1111 ASHWORTH ROAD WEST DES MOINES IA 50265-3544 WEST DES MOINES IA 50265-3538 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 36-3230348 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Chuck Smith KETRING, THOMAS Address (P.O. Box Number is Not Acceptable). 1080 Woodstock Road, Suite 276 1012 PINEHURST CT OVIEDO FL 32765 <sup>2</sup>32863 Orlando 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. Chuck SMith State Business Director (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. V/D TITLE ☐ Delete TITLE ☐ Change Addition Robert A. Crane NAME HANSEN, DARRYL D. NAME 1111 Ashworth Road STREET ADDRESS STREET ADDRESS 1111 ASHWORTH RD West Des Moines, IA CITY-ST-ZIP CITY-ST-ZIP 50265 WEST DES MOINES IA 50265 $\overline{V/D}$ X Addition Delete TITLE ☐ Change TITLE Larry D. Morris NAME EATON, JEFFREY NAME STREET ADDRESS 1111 Ashworth Road STREET ADDRESS 1111 ASHWORTH ROAD CITY-ST-ZIP CITY-ST-7IP WEST DES MOINES IA 50265 West Des Moines, IA 50265 ☐ Change Addition ☐ Delete TITLE TITLE HOWELL, DOUGLAS K NAME John C. Roberts NAME STREET ADDRESS STREET ADDRESS 1111 ASHWORTH RD 1111 Ashworth Road CITY-ST-ZIP CITY-ST-ZIP W DES MOINES IA 50265 West Des Moines, IA 50265 ☐ Change ☐ Addition ☐ Delete TITLE TITLE BECKSTROM, JANICE K NAME NAME STREET ADDRESS STREET ADDRESS 1111 ASHWORTH RD CITY-ST-ZIP CITY-ST-ZIP WEST DES MOINES IA 50265 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME FARR, THOMAS C NAME STREET ADDRESS 1111 ASHWORTH RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST DES MOINES IA 50265 ☐ Change ☐ Addition X Delete TITLE

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

BAXTER, BRIAN L

1111 ASHWORTH RD

W DES MOINES IA 50265

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR