2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812596

Entity Name: GUIDEONE MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

1111 ASHWORTH RD W DES MOINES, IA 50265

Current Mailing Address:

1111ASHWORTH RD W DES MOINES, IA 50265

FEI Number: 42-0645088

Name and Address of Current Registered Agent:

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

Certificate of Status Desired: Yes

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

Officer/Director Detail :

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Title	SECRETARY	Title	DIRECTOR
Name	NOGA, ANDREW	Name	LARSON, PAUL E
Address	1111 ASHWORTH RD	Address	1111 ASHWORTH RD
City-State-Zip:	W DES MOINES IA 50265	City-State-Zip:	W DES MOINES IA 50265
Title	DIRECTOR	Title	CHAIRMAN DIRECTOR, DIRECTOR
Name	SHAFF, KAREN E	Name	HORAK, H. L.
Address	1111 ASHWORTH RD	Address	1111 ASHWORTH RD
City-State-Zip:	W DES MOINES IA 50265	City-State-Zip:	W DES MOINES IA 50265
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR HENGESBAUGH, BERNARD	Title Name	DIRECTOR HEIDEN, CARA
Name Address	HENGESBAUGH, BERNARD	Name	HEIDEN, CARA 1111 ASHWORTH RD
Name Address	HENGESBAUGH, BERNARD 1111 ASHWORTH RD	Name Address	HEIDEN, CARA 1111 ASHWORTH RD
Name Address City-State-Zip:	HENGESBAUGH, BERNARD 1111 ASHWORTH RD W DES MOINES IA 50265	Name Address City-State-Zip:	HEIDEN, CARA 1111 ASHWORTH RD W DES MOINES IA 50265
Name Address City-State-Zip: Title	HENGESBAUGH, BERNARD 1111 ASHWORTH RD W DES MOINES IA 50265 DIRECTOR	Name Address City-State-Zip: Title	HEIDEN, CARA 1111 ASHWORTH RD W DES MOINES IA 50265 PRESIDENT
Name Address City-State-Zip: Title Name	HENGESBAUGH, BERNARD 1111 ASHWORTH RD W DES MOINES IA 50265 DIRECTOR MORETTE, ROBERT S 1111 ASHWORTH RD	Name Address City-State-Zip: Title Name	HEIDEN, CARA 1111 ASHWORTH RD W DES MOINES IA 50265 PRESIDENT CLARK, JESSICA 1111 ASHWORTH RD

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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: ANDREW NOGA

SECRETARY

04/29/2018

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 29, 2018 Secretary of State CC9230772569

Date

Officer/Director Detail Continued :

Title	TREASURER	Title	DIRECTOR
Name	SANDERSFELD, ELISABETH	Name	CLARK, JESSICA
Address	1111 ASHWORTH RD	Address	1111 ASHWORTH RD
City-State-Zip:	W DES MOINES IA 50265	City-State-Zip:	W DES MOINES IA 50265