

2013 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:

1111 ASHWORTH RD
W DES MOINES, IA 50265

FEI Number: 42-0645088

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
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

Officer/Director Detail :

Title P
Name WALLACE, JAMES D
Address 1111 ASHWORTH ROAD
City-State-Zip: WEST DES MOINSE IA 50265

Title EVP
Name REDDIG, SCOTT
Address 1111 ASHWORTH RD
City-State-Zip: W DES MOINES IA 50265

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

Title S
Name FARR, THOMAS C
Address 1111 ASHWORTH RD
City-State-Zip: W DES MOINES IA 50265

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

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

Title DIRECTOR
Name WOOD, ROBERT E
Address 1111 ASHWORTH RD
City-State-Zip: W DES MOINES IA 50265

Title DIRECTOR
Name VERMEER, ROBERT L
Address 1111 ASHWORTH RD
City-State-Zip: W DES MOINES IA 50265

Continues on page 2

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

SECRETARY

04/25/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LARSON, PAUL E
Address 1111 ASHWORTH RD
City-State-Zip: W DES MOINES IA 50265

Title DIRECTOR
Name HORAK, H. L.
Address 1111 ASHWORTH RD
City-State-Zip: W DES MOINES IA 50265

Title DIRECTOR
Name HEIDEN, CARA
Address 1111 ASHWORTH RD
City-State-Zip: W DES MOINES IA 50265

Title DIRECTOR
Name SHAFF, KAREN E
Address 1111 ASHWORTH RD
City-State-Zip: W DES MOINES IA 50265

Title DIRECTOR
Name HENGESBAUGH, BERNARD
Address 1111 ASHWORTH RD
City-State-Zip: W DES MOINES IA 50265

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