

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812597

Entity Name: GUIDEONE SPECIALTY MUTUAL INSURANCE COMPANY**Current Principal Place of Business:**1111 ASHWORTH RD
WEST DES MOINES, IA 50265-0600**Current Mailing Address:**1111 ASHWORTH RD
WEST DES MOINES, IA 50265-0600 US**FEI Number:** 42-0660911**Certificate of Status Desired:** Yes**Name and Address of Current 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

Officer/Director Detail :

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

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

Title	SVP, SECRETARY
Name	NOGA, ANDREW
Address	1111 ASHWORTH RD
City-State-Zip:	W DES MOINES IA 50265

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

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

Title	DIRECTOR
Name	WALLACE, JAMES D
Address	1111 ASHWORTH RD
City-State-Zip:	WEST DES MOINES IA 50265-0600

Title	DIRECTOR
Name	LARSON, PAUL E
Address	1111 ASHWORTH RD
City-State-Zip:	WEST DES MOINES IA 50265-0600

Title	DIRECTOR
Name	SHAFF, KAREN E
Address	1111 ASHWORTH RD
City-State-Zip:	WEST DES MOINES IA 50265-0600

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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****04/27/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HORAK, H L
Address 1111 ASHWORTH RD
City-State-Zip: WEST DES MOINES IA 50265-0600

Title DIRECTOR
Name HEIDEN, CARA
Address 1111 ASHWORTH RD
City-State-Zip: WEST DES MOINES IA 50265-0600

Title DIRECTOR
Name MORETTE, ROBERT S
Address 1111 ASHWORTH RD
City-State-Zip: WEST DES MOINES IA 50265-0600

Title DIRECTOR
Name HENGESBAUGH, BERNARD
Address 1111 ASHWORTH RD
City-State-Zip: WEST DES MOINES IA 50265-0600

Title DIRECTOR
Name FORAN, MATTHEW R
Address 1111 ASHWORTH RD
City-State-Zip: WEST DES MOINES IA 50265-0600