

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 812597

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**4033239878CC**

**Entity Name:** GUIDEONE SPECIALTY MUTUAL INSURANEC 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 SVP, SECRETARY

Name NOGA, ANDREW

Address 1111 ASHWORTH RD

City-State-Zip: W DES MOINES IA 50265

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

Title DIRECTOR

Name HORAK, H L

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 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 PRESIDENT

Name CLARK, JESSICA

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**

**04/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           SANDERSFELD, ELISABETH  
Address        1111 ASHWORTH RD  
City-State-Zip: WEST DES MOINES IA 50265-0600

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

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

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