

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90129 031 \*\*\*150.00

05-09202

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 812596**

1. Corporation Name  
**GUIDANT MUTUAL INSURANCE COMPANY**



Principal Place of Business: 1111 ASHWORTH RD W DES MOINES IA 50265  
 Mailing Address: 1111 ASHWORTH RD W DES MOINES IA 50265

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/01/1958	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		42-0645088	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29	30	<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax.	
WACK, RICHARD G 20 N ORANGE AVE ORLANDO FL 32802				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WACK, RICHARD G 20 N ORANGE AVE ORLANDO FL 32802				81 Name THOMAS KETRING			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 1012 PINEHURST COURT			
				84 City OVIEDO		85 Zip Code FL 32765	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Thomas Ketring (NOTE: Registered Agent signature required when reinstating) Thomas Ketring 423-99 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, DARRYL D	1.2 NAME	
STREET ADDRESS	1111 ASHWORTH RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	W DES MOINES, IA 00000 50265	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKSTROM, JANICE	2.2 NAME	
STREET ADDRESS	1111 ASHWORTH RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	W DES MOINES, IA 00000 50265	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, DOUGLAS	3.2 NAME	
STREET ADDRESS	1111 ASHWORTH RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	W DES MOINES IA 50265	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARR, THOMAS C.	4.2 NAME	
STREET ADDRESS	1111 ASHWORTH RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	W DES MOINES, IA 00000 50265	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	SEE ATTACHED
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas V. Shelton DOUGLAS V. SHELTON 4/23/99 515-267-5754  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

812596  
53226390129-31

**GUIDANT MUTUAL INSURANCE COMPANY**  
**1111 ASHWORTH ROAD**  
**WEST DES MOINES, IA 50265**

**Board Members**

Darryl D. Hansen	C
Robert M. Plunk	D
Robert D. Meyer	D
Lee B. McClain	D
Lynn K. Vorbrich	D
Lowell R. Beck	D
Gen Olson	D
Frank T. Harrison	D
Robert E. Wood	D
James R. Brennan	D
Robert L. Vermeer	D

**Officers**

Darryl D. Hansen	P
Douglas K. Howell	VT
Robert A. Crane	V
Thomas C. Farr	VS
Janice K. Beckstrom	P
Jeffrey D. Eaton	P
Larry D. Morris	V
John C. Roberts	V
Lynsey L. Oster	V
Brian J. Hughes	V
Gregory H. Ellison	V
James W. Keim	V
Donald E. Page	V
K. Wayne Cobb	V
David A. Withers	V
Kenneth J. Liljedahl	V
H. James McCafferty	V
William M. Sammon	V
Gilbert M. Korthals	V
James C. Bonney	V
Robert D. Conroy	V
Ann J. Michelson	V

Annette M. Roth	Assistant Treasurer
Douglas V. Shelton	Assistant Treasurer
Susan K. Bunz	Assistant Secretary
Carla S. Meiners	Assistant Secretary
Denice Y. Mondt	Assistant Secretary