

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812596

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: GUIDEONE MUTUAL INSURANCE COMPANY

**Current Principal Place of Business:**

1111 ASHWORTH RD  
W DES MOINES, IA 50265

**New Principal Place of Business:**

**Current Mailing Address:**

1111 ASHWORTH RD  
W DES MOINES, IA 50265

**New Mailing Address:**

FEI Number: 42-0645088      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P.O. BOX 6200 32314-6200  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: VORBRICH, LYNN  
Address: 1111 ASHWORTH RD  
City-St-Zip: W DES MOINES, IA 50265

Title: EVP ( ) Delete  
Name: BECKSTROM, JANICE  
Address: 1111 ASHWORTH RD  
City-St-Zip: W DES MOINES, IA 50265

Title: T ( ) Delete  
Name: JOOS, MARK  
Address: 1111 ASHWORTH RD  
City-St-Zip: W DES MOINES, IA 50265

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

Title: P ( ) Delete  
Name: WALLACE, JAMES D  
Address: 1111 ASHWORTH RD  
City-St-Zip: DES MOINES, IA 50265

Title: SRVP ( ) Delete  
Name: FISCHER, THOMAS R  
Address: 1111 ASHWORTH RD  
City-St-Zip: WEST DES MOINES, IA 50265

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS C. FARR

Electronic Signature of Signing Officer or Director

SEC

04/17/2009

\_\_\_\_\_ Date