2021 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

FILED Apr 28, 2021

Secretary of State

1335433688CC

Officer/Director Detail:

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

Title DIRECTOR Title TREASURER

NameSNYDER, JESSICANameCADEMATORI, KENNETHAddress1111 ASHWORTH RDAddress1111 ASHWORTH RDCity-State-Zip:W DES MOINES IA 50265City-State-Zip:W DES MOINES IA 50265

Title DIRECTOR Title DIRECTOR

Name FLEMING, TIMOTHY Name GLASL, MICHELLE

Address 1111 ASHWORTH ROAD Address 1111 ASHWORTH ROAD

City-State-Zip: WEST DES MOINES IA 50265 City-State-Zip: WEST DES MOINES IA 50265

TitleDIRECTORTitleDIRECTORNameNELSON, BRIANNameDIETZ, DAVID

Address 1111 ASHWORTH ROAD Address 1111 ASHWORTH ROAD

City-State-Zip: WEST DES MOINES IA 50265 City-State-Zip: WEST DES MOINES IA 50265

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 04/28/2021