

**2015 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

**Officer/Director Detail :**

Title P  
Name WALLACE, JAMES D  
Address 1111 ASHWORTH ROAD  
City-State-Zip: WEST DES MOINSE IA 50265

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

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

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

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

Title DIRECTOR  
Name WOOD, ROBERT E  
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: W DES MOINES IA 50265

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

**Continues on page 2**

*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**

**04/10/2015**

\_\_\_\_\_  
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: W DES MOINES IA 50265

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

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

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