

1.) CORPORATION NAME:

GuideOne Specialty Mutual Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

DUE DATE: **3/31/2011**

SCC ID NO: **F0140345**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
IA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1111 ASHWORTH RD

CITY/ST/ZIP: WEST DES MOINES, IA 50265-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JAMES D WALLACE
TITLE: P/CEO
ADDRESS: 1111 ASHWORTH RD
CITY/ST/ZIP/CO: WEST DES MOINES, IA 50265-

OFFICER

DIRECTOR

NAME: THOMAS C FARR
TITLE: VP/GC/S
ADDRESS: 1111 ASHWORTH ROAD
CITY/ST/ZIP/CO: WEST DES MOINES, IA 50265-

OFFICER

DIRECTOR

NAME: MARK JOOS
TITLE: TREASURER
ADDRESS: 1111 ASHWORTH RD
CITY/ST/ZIP/CO: WEST DES MOINES, IA 50265-

OFFICER

DIRECTOR

NAME: C LANCE HERRIN
TITLE: DIRECTOR
ADDRESS: 1111 ASHWORTH RD
CITY/ST/ZIP/CO: W4EST DES MOINES, IA 50265-

OFFICER

DIRECTOR

NAME: ROBERT L VERMEER
TITLE: DIRECTOR
ADDRESS: 1111 ASHWORTH RD
CITY/ST/ZIP/CO: WEST DES MOINES, IA 50265-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

| | | |
|---|----------------------------------|------------------|
| <u>/s/ THOMAS C FARR</u> | <u>THOMAS C FARR, VP/GC/S</u> | <u>3/29/2011</u> |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.