

1.) CORPORATION NAME:

DUE DATE: **3/31/2014**

GuideOne Specialty Mutual Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F0140345**

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SARAH BUCKLEY TITLE: VICE PRESIDENT ADDRESS: 1111 ASHWORTH ROAD CITY/ST/ZIP/CO: WEST DES MOINES, IA 50265	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: THOMAS C FARR TITLE: VP/GC/S ADDRESS: 1111 ASHWORTH ROAD CITY/ST/ZIP/CO: WEST DES MOINES, IA 50265	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MARK JOOS TITLE: TREASURER ADDRESS: 1111 ASHWORTH RD CITY/ST/ZIP/CO: WEST DES MOINES, IA 50265	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BRIAN HUGHES TITLE: SVP, INVESTMENT ADDRESS: 1111 ASHWORTH ROAD CITY/ST/ZIP/CO: WEST DES MOINSE, IA 50265	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SCOTT REDDIG TITLE: SVP, COO ADDRESS: 1111 ASHWORTH ROAD CITY/ST/ZIP/CO: WEST DES MOINES, IA 50265	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: CARA HEIDEN TITLE: DIRECTOR ADDRESS: 1111 ASHWORTH ROAD CITY/ST/ZIP/CO: WEST DES MOINES, IA 50265	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BERNARD HENGESBAUGH TITLE: DIRECTOR ADDRESS: 1111 ASHWORTH ROAD CITY/ST/ZIP/CO: WEST DES MOINES, IA 50265	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: H. LYNN HORAK TITLE: DIRECTOR ADDRESS: 1111 ASHWORTH ROAD CITY/ST/ZIP/CO: WEST DES MOINES, IA 50265	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAUL E. LARSON TITLE: DIRECTOR ADDRESS: 1111 ASHWORTH ROAD CITY/ST/ZIP/CO: WEST DES MOINES, IA 50265	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KAREN ELIZABETH SHAFF TITLE: DIRECTOR ADDRESS: 1111 ASHWORTH ROAD CITY/ST/ZIP/CO: WEST DES MOINES, IA 50265	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT L VERMEER TITLE: DIRECTOR ADDRESS: 1111 ASHWORTH RD CITY/ST/ZIP/CO: WEST DES MOINES, IA 50265	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT E. WOOD TITLE: DIRECTOR ADDRESS: 1111 ASHWORTH ROAD CITY/ST/ZIP/CO: WEST DES MOINES, IA 50265	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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.		
/s/ THOMAS C FARR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THOMAS C FARR, VP/GC/S PRINTED NAME AND CORPORATE TITLE	3/21/2014 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.		