

1.) CORPORATION NAME:

DUE DATE: **9/30/2012**

**GuideOne Mutual Insurance Company**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F0296519**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	1111 ASHWORTH RD		
CITY/ST/ZIP/CO:	WEST DES MOINES, IA 50265		
NAME:	THOMAS C FARR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/S/GN COUNSEL		
ADDRESS:	1111 ASHWORTH RD		
CITY/ST/ZIP/CO:	WEST DES MOINES, IA 50265		
NAME:	THOMAS R FISCHER JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/CTO		
ADDRESS:	1111 ASHWORTH ROAD		
CITY/ST/ZIP/CO:	WEST DES MOINES, IA 50265		
NAME:	SCOTT REDDIG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP		
ADDRESS:	1111 ASHWORTH ROAD		
CITY/ST/ZIP/CO:	WEST DES MOINES, IA 50265		
NAME:	H LYNN HORAK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1111 ASHWORTH ROAD		
CITY/ST/ZIP/CO:	WEST DES MOINES, IA 50265		
NAME:	MARK JOOS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1111 ASHWORTH ROAD		
CITY/ST/ZIP/CO:	WEST DES MOINES, IA 50265		

NAME: BRIAN HUGHES TITLE: SVP - INVEST ADDRESS: 1111 ASHWORTH ROAD CITY/ST/ZIP/CO: WEST DES MOINSE, IA 50265	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: SARAH BUCKLEY TITLE: VP - CORP COMM ADDRESS: 1111 ASHWORTH ROAD CITY/ST/ZIP/CO: WEST DES MOINES, IA 50265	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/S/GN COUNSEL PRINTED NAME AND CORPORATE TITLE	8/3/2012 DATE
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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.