

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000007140

**Entity Name:** ELSMERE INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

C/O PARKOWSKI, GUERKE & SWAYZE, P.A.  
116 W. WATER STREET  
DOVER, DE 19904

**Current Mailing Address:**

401 PENNSYLVANIA PKWY, SUITE 300  
ATTN: COMPLIANCE DEPT.  
INDIANAPOLIS, IN 46280 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**Authorized Person(s) Detail :**

Title MEMBER  
Name GUGGENHEIM LIFE AND ANNUITY  
COMPANY  
Address 401 PENNSYLVANIA PARKWAY,  
SUITE 300  
City-State-Zip: INDIANAPOLIS IN 46280

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEPHEN M. COONS

**SECRETARY**

**04/26/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date