

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000004447

**Entity Name:** INSURANCE FINANCE COMPANY, LLC

**Current Principal Place of Business:**

1454 30TH ST., SUITE 203  
WEST DES MOINES, IA 50266

**Current Mailing Address:**

PO BOX 315  
DES MOINES, IA 50306

**FEI Number: 46-4684458**

**Certificate of Status Desired:** No

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

ANDRUS, DENNIS  
913 GULF BREEZE PKWY  
GULF BREEZE, FL 32561 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            CEO  
Name            WALLER, BRIAN  
Address        1454 30TH ST., SUITE 203  
City-State-Zip: WEST DES MOINES IA 50266

*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: BRIAN P WALLER**

**CEO**

**04/25/2023**

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

\_\_\_\_\_  
Date