

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812596

Entity Name: GUIDEONE INSURANCE COMPANY

Current Principal Place of Business:

1111 ASHWORTH RD
W DES MOINES, IA 50265

Current Mailing Address:

1111ASHWORTH RD
W DES MOINES, IA 50265

FEI Number: 42-0645088

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name NOGA, ANDREW
Address 1111 ASHWORTH RD
City-State-Zip: W DES MOINES IA 50265

Title TREASURER
Name CADEMATORI, KENNETH
Address 1111 ASHWORTH RD
City-State-Zip: W DES MOINES IA 50265

Title DIRECTOR
Name FLEMING, TIMOTHY
Address 1111 ASHWORTH ROAD
City-State-Zip: WEST DES MOINES IA 50265

Title DIRECTOR
Name GLASL, MICHELLE
Address 1111 ASHWORTH ROAD
City-State-Zip: WEST DES MOINES IA 50265

Title DIRECTOR
Name NELSON, BRIAN
Address 1111 ASHWORTH ROAD
City-State-Zip: WEST DES MOINES IA 50265

Title SECRETARY
Name WATERS, DONALD SAMUEL
Address 1111 ASHWORTH ROAD
City-State-Zip: WEST DES MOINES IA 50265

Title DIRECTOR
Name DALEY, PATRICK
Address 1111 ASHWORTH ROAD
City-State-Zip: WEST DES MOINES IA 50265

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONALD SAMUEL WATERS

SECRETARY

04/27/2022

Electronic Signature of Signing Officer/Director Detail

Date