## **2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000005086

**Entity Name: DEPOSITORS INSURANCE COMPANY** 

**Current Principal Place of Business:** 

DES MOINES. IA 50391

1100 LOCUST STREET

**Current Mailing Address:** 

1100 LOCUST STREET DES MOINES. IA 50391 US

FEI Number: 42-1207150 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINNCIAL OFFICER OF FLORIDA 200 E. GAINES STREET 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

**FILED** Aug 24, 2023

**Secretary of State** 

5803977831CC

Officer/Director Detail:

Title DIRECTOR, PRESIDENT Title DIRECTOR

BEAL, CHARLES A. Name Name BERVEN, MARK A. 1100 LOCUST STREET 1100 LOCUST STREET Address Address

City-State-Zip: DES MOINES IA 50391 DES MOINES IA 50391 City-State-Zip:

Title **TREASURER** Title DIRECTOR

Name ROTHERMEL, PETER J. Name WILLIAMS, GEORGE MIDDLETON III Address 1100 LOCUST STREET Address 1100 LOCUST STREET DES MOINES IA 50391 City-State-Zip: City-State-Zip: DES MOINES IA 50391

Title DIRECTOR Title **SECRETARY** 

Name RICZKO, ELIZABETH M. Name SKINGLE, DENISE L. Address 1100 LOCUST STREET 1100 LOCUST STREET Address City-State-Zip: DES MOINES IA 50391 City-State-Zip: DES MOINES IA 50391

Title DIRECTOR

GUERRERO, OSCAR Name 1100 LOCUST STREET Address City-State-Zip: DES MOINES IA 50391

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.

08/24/2023 SIGNATURE: DENISE L. SKINGLE **SECRETARY** 

Electronic Signature of Signing Officer/Director Detail

Date