2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005086

Entity Name: DEPOSITORS INSURANCE COMPANY

Current Principal Place of Business:

1100 LOCUST STREET 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 Apr 23, 2022

Secretary of State

3119353672CC

Officer/Director Detail:

Title DIRECTOR, PRESIDENT Title DIRECTOR DOUGLAS, GARY 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 DIRECTOR Title TREASURER

NameSMITH, ERIC E.NameROTHERMEL, PETER J.Address1100 LOCUST STREETAddress1100 LOCUST STREETCity-State-Zip:DES MOINES IA 50391City-State-Zip:DES MOINES IA 50391

Title SECRETARY Title DIRECTOR

Electronic Signature of Signing Officer/Director Detail

NameSKINGLE, DENISE L.NameRICZKO, ELIZABETH M.Address1100 LOCUST STREETAddress1100 LOCUST STREETCity-State-Zip:DES MOINES IA 50391City-State-Zip:DES MOINES IA 50391

Title DIRECTOR

Name GUERRERO, OSCAR
Address 1100 LOCUST STREET
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.

SIGNATURE: DENISE L. SKINGLE SECRETARY 04/23/2022

Date