## 2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003879

**Entity Name: GUIDEONE AMERICA INSURANCE COMPANY** 

FILED
Apr 26, 2013
Secretary of State
CC4952550815

## **Current Principal Place of Business:**

1111 ASHWORTH RD

WEST DES MOINES, IA 50265-3538

## **Current Mailing Address:**

1111 ASHWORTH RD

WEST DES MOINES. IA 50265-3538 US

FEI Number: 36-3230348 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:

TitlePCEO, DIRECTORTitleSVP, DIRECTORNameWALLACE, JAMES DNameREDDIG, SCOTT

Address 1111 ASHWORTH RD Address 1111 ASHWORTH RD

City-State-Zip: WEST DES MOINES IA 50265 City-State-Zip: WEST DES MOINES IA 50265-3538

Title SVP, DIRECTOR Title SSVP

NameFISCHER, THOMASNameFARR, THOMAS CAddress1111 ASHWORTH RDAddress1111 ASHWORTH RD

City-State-Zip: WEST DES MOINES IA 50265-3538 City-State-Zip: WEST DES MOINES IA 50265

TitleTSVP, DIRECTORTitleSVP, DIRECTORNameJOOS, MARKNameHUGHES, BRIAN JAddress1111 ASHWORTH RDAddress1111 ASHWORTH RD

City-State-Zip: WEST DES MOINES IA 50265 City-State-Zip: W DES MOINES IA 50265

Title DIRECTOR

Name BUCKLEY, SARAH
Address 1111 ASHWORTH RD

City-State-Zip: WEST DES MOINES IA 50265-3538

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: THOMAS C FARR SECRETARY 04/26/2013