

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003879

Entity Name: GUIDEONE AMERICA INSURANCE COMPANY

Current Principal Place of Business:

1111 ASHWORTH RD
WEST DES MOINES, IA 50265-3538

Current Mailing Address:

1111ASHWORTH 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 :

Title DIRECTOR, PRESIDENT, CEO
Name WALLACE, JAMES D
Address 1111 ASHWORTH RD
City-State-Zip: WEST DES MOINES IA 50265

Title SVP, DIRECTOR, COO
Name REDDIG, SCOTT
Address 1111 ASHWORTH RD
City-State-Zip: WEST DES MOINES IA 50265-3538

Title SVP, SECRETARY
Name NOGA, ANDREW
Address 1111 ASHWORTH RD
City-State-Zip: WEST DES MOINES IA 50265

Title SVP, TREASURER, DIRECTOR, CFO
Name JOOS, MARK
Address 1111 ASHWORTH RD
City-State-Zip: WEST DES MOINES IA 50265

Title SVP, DIRECTOR
Name HUGHES, BRIAN J
Address 1111 ASHWORTH RD
City-State-Zip: W DES MOINES IA 50265

Title DIRECTOR, VP
Name FALEY, MICHAEL J
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: ANDREW NOGA

SECRETARY

04/27/2016

Electronic Signature of Signing Officer/Director Detail

Date