

**2022 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:**

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 :**

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

Title           DIRECTOR  
Name           FLEMING, TIMOTHY  
Address        1111 ASHWORTH RD  
City-State-Zip: WEST DES MOINES IA 50265-3538

Title           DIRECTOR  
Name           GLASL, MICHELLE  
Address        1111 ASHWORTH RD  
City-State-Zip: WEST DES MOINES IA 50265-3538

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

Title           TREASURER  
Name           CADEMATORI, KENNETH  
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