

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000003879

**Entity Name:** GUIDEONE AMERICA INSURANCE COMPANY

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**3557978626CC**

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

Title PRESIDENT  
Name CLARK, JESSICA  
Address 1111 ASHWORTH RD  
City-State-Zip: WEST DES MOINES IA 50265-3538

Title TREASURER  
Name SANDERSFELD, ELISABETH  
Address 1111 ASHWORTH RD  
City-State-Zip: WEST DES MOINES IA 50265-3538

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

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

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

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

*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**

**04/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date