

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31910

FILED  
Feb 26, 2010  
Secretary of State

**Entity Name:** GUIDEONE ELITE INSURANCE COMPANY

**Current Principal Place of Business:**

1111 ASHWORTH RD.,  
WEST DES MOINES, IA 50265

**New Principal Place of Business:**

**Current Mailing Address:**

1111 ASHWORTH RD.,  
WEST DES MOINES, IA 50265

**New Mailing Address:**

**FEI Number:** 42-1206846

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P.O. BOX 6200 32314-6200  
200 E. GAINES ST  
TALLAHASSEE, FL 32399 US

**Name and Address of New Registered Agent:**

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PCEO  
**Name:** WALLACE, JAMES D  
**Address:** 1111 ASHWORTH RD  
**City-St-Zip:** W. DES MOINES, IA 50265

**Title:** T  
**Name:** JOOS, MARK  
**Address:** 1111 ASHWORTH RD  
**City-St-Zip:** W DES MOINES, IA 50265

**Title:** EVP  
**Name:** BECKSTROM, JANICE K  
**Address:** 1111 ASHWORTH RD  
**City-St-Zip:** WEST DES MOINES, IA 50265

**Title:** S  
**Name:** FARR, THOMAS C  
**Address:** 1111 ASHWORTH RD  
**City-St-Zip:** WEST DES MOINES, IA 50265

**Title:** SVP  
**Name:** FISCHER, THOMAS R  
**Address:** 1111 ASHWORTH RD  
**City-St-Zip:** W DES MOINES, IA 50265

**Title:** SVP  
**Name:** HUGHES, BRIAN J  
**Address:** 1111 ASHWORTH ROAD  
**City-St-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:** THOMAS C FARR

S

02/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date