

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000001606

**Entity Name:** NBS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

1100 LOCUST STREET  
DES MOINES, IA 50391

**Current Mailing Address:**

1100 LOCUST STREET  
DES MOINES, IA 50391 US

**FEI Number:** 31-0871532

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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  
Name KLETT, ANGELA C.  
Address 1100 LOCUST STREET  
City-State-Zip: DES MOINES IA 50391

Title TREASURER  
Name ROTHERMEL, PETER J.  
Address 1100 LOCUST STREET  
City-State-Zip: DES MOINES IA 50391

Title SECRETARY  
Name SKINGLE, DENISE L.  
Address 1100 LOCUST STREET  
City-State-Zip: DES MOINES IA 50391

Title DIRECTOR  
Name DOUGLAS, GARY A.  
Address 1100 LOCUST STREET  
City-State-Zip: DES MOINES IA 50391

Title DIRECTOR  
Name PELECKY, MARCY R.  
Address 1100 LOCUST STREET  
City-State-Zip: DES MOINES IA 50391

Title PRESIDENT  
Name STUCKEY, THEODORE  
Address 1100 LOCUST STREET  
City-State-Zip: DES MOINES IA 50391

*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:** DENISE L. SKINGLE

**SECRETARY**

**04/20/2022**

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

\_\_\_\_\_  
Date