

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31910

Entity Name: GUIDEONE ELITE INSURANCE COMPANY**Current Principal Place of Business:**1111 ASHWORTH RD.,
WEST DES MOINES, IA 50265**Current Mailing Address:**1111 ASHWORTH RD.,
WEST DES MOINES, IA 50265**FEI Number:** 42-1206846**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 DIRECTOR
Name NELSON, BRIAN
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

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

Title TREASURER, CFO, DIRECTOR
Name CADEMATORI, KENNETH
Address 1111 ASHWORTH ROAD
City-State-Zip: WEST DES MOINES IA 50265

Title PRESIDENT, CEO, CHAIRMAN
Name HENGESBAUGH, BERNARD
Address 1111 ASHWORTH RD.,
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: ANDREW NOGA**SECRETARY****04/30/2023**

Electronic Signature of Signing Officer/Director Detail

Date