

2015 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	CH
Name	WALLACE, JAMES D
Address	1111 ASHWORTH RD
City-State-Zip:	W. DES MOINES IA 50265

Title	SVP, DIRECTOR
Name	REDDIG, SCOTT
Address	1111 ASHWORTH RD
City-State-Zip:	W DES MOINES IA 50265

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

Title	SVP, TREASURER, DIRECTOR
Name	JOOS, MARK
Address	1111 ASHWORTH RD
City-State-Zip:	W DES MOINES IA 50265

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

Title	DIRECTOR
Name	BUCKLEY, SARAH
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****04/10/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date