2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2016
Secretary of State
CC0064770743

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

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

Title	DIRECTOR, VP
Name	FALEY, MICHAEL J
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 04/27/2016

Electronic Signature of Signing Officer/Director Detail — Date