

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814485

Entity Name: FIDELITY & GUARANTY LIFE INSURANCE COMPANY**Current Principal Place of Business:**TWO RUAN CENTER
601 LOCUST STREET 14TH FLOOR
DES MOINES, IA 50309**Current Mailing Address:**TWO RUAN CENTER
601 LOCUST STREET 14TH FLOOR
DES MOINES, IA 50309 US**FEI Number:** 52-6033321**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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, CEO
Name LITTLEFIELD, CHRISTOPHER J.
Address TWO RUAN CENTER
601 LOCUST STREET 14TH FLOOR
City-State-Zip: DES MOINES IA 50309

Title EVP, SECRETARY
Name MARHOUN, ERIC LUND
Address TWO RUAN CENTER
601 LOCUST STREET 14TH FLOOR
City-State-Zip: DES MOINES IA 50309

Title DIRECTOR
Name CHU, CHINH E
Address TWO RUAN CENTER
601 LOCUST STREET 14TH FLOOR
City-State-Zip: DES MOINES IA 50309

Title DIRECTOR
Name QUELLA, JAMES A
Address TWO RUAN CENTER
601 LOCUST STREET 14TH FLOOR
City-State-Zip: DES MOINES IA 50309

Title EVP, CFO
Name VIGNEAU, DENNIS ROBERT
Address TWO RUAN CENTER
601 LOCUST STREET 14TH FLOOR
City-State-Zip: DES MOINES IA 50309

Title TREASURER, VP
Name EARLEY, JOSEPH
Address TWO RUAN CENTER
601 LOCUST STREET 14TH FLOOR
City-State-Zip: DES MOINES IA 50309

Title DIRECTOR
Name FOLEY, WILLIAM P
Address TWO RUAN CENTER
601 LOCUST STREET 14TH FLOOR
City-State-Zip: DES MOINES IA 50309

Title DIRECTOR
Name ABELL, KEITH W
Address TWO RUAN CENTER
601 LOCUST STREET 14TH FLOOR
City-State-Zip: DES MOINES IA 50309

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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: ERIC L. MARHOUN**SECRETARY****01/18/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name SEARS, MARIA
Address TWO RUAN CENTER
601 LOCUST STREET 14TH FLOOR
City-State-Zip: DES MOINES IA 50309

Title DIRECTOR
Name CHEE, MENES O
Address TWO RUAN CENTER
601 LOCUST STREET 14TH FLOOR
City-State-Zip: DES MOINES IA 50309

Title DIRECTOR
Name WALSH, TIMOTHY M
Address TWO RUAN CENTER
601 LOCUST STREET 14TH FLOOR
City-State-Zip: DES MOINES IA 50309

Title DIRECTOR
Name MASSEY, RICHARD N
Address TWO RUAN CENTER
601 LOCUST STREET 14TH FLOOR
City-State-Zip: DES MOINES IA 50309

Title DIRECTOR
Name BAIRD, PATRICK S
Address TWO RUAN CENTER
601 LOCUST STREET 14TH FLOOR
City-State-Zip: DES MOINES IA 50309