### 2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0700003080

Entity Name: FIDELITY & GUARANTY LIFE INSURANCE AGENCY, INC.

FILED
May 02, 2022
Secretary of State
3029180386CC

## **Current Principal Place of Business:**

2405 YORK RD STE 201

LUTHERVILLE TIMONIUM, MD 21093-2264

## **Current Mailing Address:**

801 GRAND AVENUE SUITE 2600 DES MOINES. IA 50309 US

FEI Number: 52-1387769 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 CHRISTENSEN, MATTHEW
 Name
 CURRIER, JOHN

 Address
 801 GRAND AVENUE
 Address
 801 GRAND AVENUE

SUITE 2600 SUITE 2600

City-State-Zip: DES MOINES IA 50309 City-State-Zip: DES MOINES IA 50309

Title TREASURER Title CEO, PRESIDENT, DIRECTOR

NameEARLEY, JOSEPHNameYOUNG, WENDY J.B.Address801 GRAND AVENUE<br/>SUITE 2600Address801 GRAND AVENUE<br/>SUITE 2600

DES MOINES IA 50309 City-State-Zip: DES MOINES IA 50309

Title VP Title REPORTING OFFICER - FATCA

Name BACON, CHRISTOPHER III Name VAN BRUNT, KIRK

Address 801 GRAND AVENUE Address SUITE 2600

SUITE 2600

Name VAN BRUNT, KIRK

Address SUITE 2600

City-State-Zip: DES MOINES IA 50309 City-State-Zip: DES MOINES IA 50309

Title SECRETARY Title VP

NameHYDE, JODI L.NameSNYDER, KEVIN R.Address801 GRAND AVENUEAddress801 GRAND AVENUE

SUITE 2600 SUITE 2600

City-State-Zip: DES MOINES IA 50309 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: TESSA CANTONWINE

ASSISTANT SECRETARY

05/02/2022

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title

Name PARKER, RYAN B.

801 GRAND AVENUE Address

SUITE 2600

City-State-Zip: DES MOINES IA 50309

Title ASST. SECRETARY Name CANTONWINE, TESSA Address

801 GRAND AVENUE **SUITE 2600** 

City-State-Zip: DES MOINES IA 50309

Title ASSISTANT VICE PRESIDENT,

**TREASURY** 

Name SMITH, CLAIRE M.

Address 801 GRAND AVENUE

**SUITE 2600** 

City-State-Zip: DES MOINES IA 50309