#### 2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0700003080

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

**FILED** May 01, 2024 **Secretary of State** 8026197884CC

### **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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title **DIRECTOR** Title DIRECTOR CHRISTENSEN, MATTHEW CURRIER, JOHN Name Name Address 801 GRAND AVENUE Address 801 GRAND AVENUE

**SUITE 2600** 

**SUITE 2600** 

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

Title **TREASURER** Title CEO, PRESIDENT, DIRECTOR

Name MARIN. ELIZABETH Name YOUNG, WENDY J.B. 801 GRAND AVENUE 801 GRAND AVENUE Address Address

**SUITE 2600 SUITE 2600** 

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

VΡ Title Title REPORTING OFFICER - FATCA

Name BACON, CHRISTOPHER III Name VAN BRUNT, KIRK Address 801 GRAND AVENUE Address **801 GRAND AVENUE** 

**SUITE 2600 SUITE 2600** 

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

۷P Title **SECRETARY** Title

AHLMAN, JODI L. SNYDER, KEVIN R. Name Name 801 GRAND AVENUE 801 GRAND AVENUE Address Address

**SUITE 2600 SUITE 2600** 

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

## Continues on page 2

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

05/01/2024

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title VP Title ASST. SECRETARY

Name SIERRA, RODOLFO Name CANTONWINE, TESSA

Address 801 GRAND AVENUE Address 801 GRAND AVENUE

SUITE 2600 SUITE 2600

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