

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814485

FILED
Jun 08, 2015
Secretary of State
CC8786261677

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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: JILL CILMI

06/08/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT, CEO
Name LITTLEFIELD, CHRISTOPHER J.
Address TWO RUAN CENTER
601 LOCUST STREET 14TH FLOOR
City-State-Zip: DES MOINES IA 50309

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

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

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

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

Title DIRECTOR
Name ASALI, OMAR MARWAN
Address TWO RUAN CENTER
601 LOCUST STREET 14TH FLOOR
City-State-Zip: DES MOINES IA 50309

Title DIRECTOR
Name GREGSON, KEVIN J
Address TWO RUAN CENTER
601 LOCUST STREET 14TH FLOOR
City-State-Zip: DES MOINES IA 50309

Title DIRECTOR
Name MELCHIONNI, WILLIAM P
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: CLAIRE M SMITH

TREASURER

06/08/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name TWEEDIE, LEMUEL JOHN H
Address TWO RUAN CENTER
601 LOCUST STREET 14TH FLOOR
City-State-Zip: DES MOINES IA 50309