## **2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 814485** 

**Entity Name: FIDELITY & GUARANTY LIFE INSURANCE COMPANY** 

FILED
Apr 30, 2021
Secretary of State
4696520811CC

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

801 GRAND AVENUE SUITE 2600

DES MOINES, IA 50309

## **Current Mailing Address:**

801 GRAND AVENUE SUITE 2600 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title PRESIDENT, CEO Title EVP, CFO

Name BLUNT, CHRISTOPHER O. Name FLEURANT, JOHN T.

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
 SVP, SECRETARY
 Title
 TREASURER, VP

 Name
 HYDE, JODI
 Name
 EARLEY, JOSEPH

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 DIRECTOR Title DIRECTOR

Name BLUNT, CHRISTOPHER O. Name FLEURANT, JOHN T

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 DIRECTOR Title DIRECTOR

Name PARK, ANTHONY J Name QUIRK, RAYMOND R

Address 801 GRAND AVENUE Address 801 GRAND AVENUE

SUITE 2600 SUITE 2600

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 04/30/2021

# Officer/Director Detail Continued:

Title DIRECTOR Title ASSISTANT SECRETARY

Name NOLAN, MICHAEL J Name CANTONWINE, TESSA

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