



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

1. Corporate ID No. 001670369

2. Name of Corporation Fifth Third Insurance Agency, Inc.

3. Street Address Principal Business Office:

No. and Street: 38 FOUNTAIN SQUARE PLAZA
City or Town: CINCINNATI

State: OH Zip: 45263 Country: USA

4. Business Phone No.

5135346771

5. State of Incorporation

State: OH

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

524210

6. Brief Description of the Character of Business Conducted in Rhode Island

SELL TO CUSTOMERS VARIOUS INSURANCE PRODUCTS INCLUDING ANNULITIES
ACCIDENTAL DEATH AND DISMEMBERMENT AND LIFE INSURANCE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
DIRECTOR AND PRESIDENT	BRIAN D. LAMB	38 FOUNTAIN SQUARE PLAZA CINCINNATI, OH 45263 USA

SECRETARY	SARAH ST.CLAIR	38 FOUNTAIN SQUARE PLAZA CINCINNATI, OH 45263 USA
DIRECTOR	CHRISTOPHER BELL	38 FOUNTAIN SQUARE PLAZA CINCINNATI, OH 45263 USA
TREASURER	GERALD BRADY COOGAN	38 FOUNTAIN SQUARE PLAZA CINCINNATI, OH 45263 USA
DIRECTOR	DAVID JONKE	222 SOUTH RIVERSIDE PLAZA CHICAGO, IL 60606 USA
DIRECTOR	MICHAEL KENNEDY	38 FOUNTAIN SQUARE PLAZA CINCINNATI, OH 45263 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	750.00	1

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 24 Day of February, 2020 at 10:27:59 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By SARAH ST. CLAIR
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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