



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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2020 JUL 16 PM 2:11 MP

**Statement of Change of Agent**  
 DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

|  |  |   |                       |
|--|--|---|-----------------------|
| 1. Entity ID Number<br>000174143   |  | 2. Exact Name of the Corporation<br>FIDELITY & GUARANTY LIFE INSURANCE AGENCY, INC. |                       |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:  |  |   |                       |
| Street Address 222 JEFFERSON BOULEVARD   |  |   |                       |
| City/Town WARWICK,   |  | State RHODE ISLAND  | Zip 02888             |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>COGENCY GLOBAL INC.   |  |   |                       |
| 5. The address of the <b>NEW</b> registered office is:   |  |   |                       |
| Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A  |  |   |                       |
| City/Town East Providence  |  | State RHODE ISLAND  | Zip 02914             |
| 6. The name of the <b>NEW</b> registered agent is:<br>C T Corporation System   |  |   |                       |
| 7. Date when this Statement of Change of Registered Agent will be effective: <b>CHECK ONE BOX ONLY</b>   |  |   |                       |
| <input checked="" type="checkbox"/> Date received (Upon filing)  |  |   |                       |
| <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____  |  |   |                       |
| <i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.</i> |  |   |                       |
| Name of Authorized Officer of the Corporation<br>Tessa Cantonwine  |  |   | Date<br>July 15, 2020 |
| Signature of Authorized Officer of the Corporation<br><i>Tessa Cantonwine</i> SIGN DOCUMENT HERE   |  |   |                       |

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED STAMP**  
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