



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

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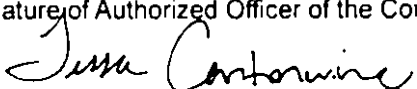
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**Statement of Change of Agent**

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 000174143		2. Exact Name of the Corporation 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: 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: 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) _____			
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.			
Name of Authorized Officer of the Corporation Tessa Cantonwine			Date July 15, 2020
Signature of Authorized Officer of the Corporation  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<sup>C</sup> STAMP

JUL 16 2020

BY  XGVOJ  
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