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## State of Rhode Island

## Department of State - Business Services Division 00





Annual Report for the year:

2023

2024 MAY 21 AM 11: 10

Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Limited	2. Exact name of the Limited Liability Company			
001717642	World Financial Group Insurance Agency, LLC				
3. NAICS Code 524210	4. Brief description of the character of business conducted in Rhode Island Insurance Agency SAK OF INSURANCE and				
5. State of Formation lowa	variable	variable annuties			
6. Principal Office Address	· · · · · · · · · · · · · · · · · · ·	City	State	Zip	
6400 C Street SW		Cedar Rapids	IA	52499	
7. Mailing Address of Limit	ed Liability Company and Name or Ti	tle of Contact Person			
Contact Name Katlyn Mayhew		Contact Title Legal Specialist			
Street Address 6400 C Street SW		Cedar Rapids	State 1A	<sup>Z<sub>ip</sub></sup> 52499	
8. The Resident Agent info	rmation currently of record with the R	I Department of State is accurate	e. Changes requir	e filing Form 642	
	ry, I declare and affirm that I have of the statements contained herein are tro		any accompany	ring schedules and	
Name of Authorized Person			Date		
Elizabeth R. Smith, Assistant Secretary			5/9/2024	11:06 PDT	
Signature of Authorized Pe	erson				
-onionio Elizabethi Sathi					

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

MAY 21 2024