

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortman  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **814485** (9)

1. Corporation Name  
**FIDELITY AND GUARANTY LIFE INSURANCE COMPANY**

Principal Place of Business: **100 LIGHT STREET, P.O. BOX 1138, BALTIMORE MD 21202**

Mailing Address: **100 LIGHT STREET, P.O. BOX 1138, N/A, BALTIMORE MD 21202, US**

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

22. State, Apt. # etc: **27**

23. City & State: **28**

24. Zip: **25** Country: **29**

3. Date Incorporated or Qualified: **06/14/1960**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **52-6033321**

Applied For:  Applied For  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under 5-199-032, Florida Statute:  Yes  No

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
CAPITOL BLDG  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name: \_\_\_\_\_

82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_

83 \_\_\_\_\_

84 City: \_\_\_\_\_ State: **FL** Zip Code: \_\_\_\_\_

11. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the above is a true and correct statement of the corporation for the purpose of changing its registered office or registered agent in the State of Florida, and that such change was authorized by the corporation's Board of Directors, and that I am a duly qualified officer or director of the corporation as required by the Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS, AGENTS, DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	CD BLAKE, JR NORMAN P 100 LIGHT ST BALTIMORE, MD 00000	STATUS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VS HOFFEN, JOHN F, JR 100 LIGHT ST BALTIMORE, MD 00000	STATUS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD SAUL, BRUCE H 100 LIGHT ST BALTIMORE, MD 00000	STATUS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD CAMPAGNA, RICHARD P. 100 LIGHT ST. BALTIMORE, MD 00000	STATUS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD HRON, IHOR 100 LIGHT ST BALTIMORE, MD 00000	STATUS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	0	STATUS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, DAN L 100 LIGHT STREET BALTIMORE MD	STATUS	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*AVP  
SPAVER, KERRY  
100 LIGHT STREET  
BALTIMORE, MD 21202*

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 110.021 (6), Florida Statutes. I further certify that the information included on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the registered agent authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of Block 13.

SIGNATURE: *John F. Hoffen* DATE: *4/26/95* (410) 547-3312

SECRETARY OF STATE