

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

**APPROVED  
AND  
FILED**

1996 APR 18 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 814485 (9)**  
1. Corporation Name  
**FIDELITY AND GUARANTY LIFE INSURANCE COMPANY**

Principal Place of Business <b>100 LIGHT STREET P.O. BOX 1138 BALTIMORE MD 21202</b>	Mailing Address <b>100 LIGHT STREET P.O. BOX 1138, N/A BALTIMORE MD 21202 US</b>
---	---

3. Date Incorporated or Qualified <b>06/14/1960</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>52-6033321</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

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 **CORPORATION SERVICE COMPANY**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1201 HAYS STREET**  
83  
84 City **Tallahassee** FL 85 Zip Code **32301**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Mary J. Howlers* DATE **4-22-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLAKE, JR NORMAN P</b>	1.2 NAME	<b>900001791469</b>
STREET ADDRESS	<b>100 LIGHT ST</b>	1.3 STREET ADDRESS	<b>-04/23/96--01158--004</b>
CITY-STATE-ZIP	<b>BALTIMORE, MD 00000</b>	1.4 CITY-STATE-ZIP	<b>****200.00 ****200.00</b>
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOFFEN, JOHN F, JR</b>	2.2 NAME	
STREET ADDRESS	<b>100 LIGHT ST</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>BALTIMORE, MD 00000</b>	2.4 CITY-STATE-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAUL, BRUCE H</b>	3.2 NAME	
STREET ADDRESS	<b>100 LIGHT ST</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>BALTIMORE, MD 00000</b>	3.4 CITY-STATE-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMPAGNA, RICHARD P.</b>	4.2 NAME	<b>SV</b>
STREET ADDRESS	<b>100 LIGHT ST.</b>	4.3 STREET ADDRESS	<b>GAINES, GENEF.</b>
CITY-STATE-ZIP	<b>BALTIMORE, MD 00000</b>	4.4 CITY-STATE-ZIP	<b>6225 SMITH AVE</b>
TITLE	AVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPAVEN, KERRY</b>	5.2 NAME	
STREET ADDRESS	<b>100 LIGHT ST</b>	5.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>BALTIMORE, MD 00000</b>	5.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALE, DAN L</b>	6.2 NAME	
STREET ADDRESS	<b>100 LIGHT STREET</b>	6.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>BALTIMORE MD</b>	6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John F. Hoffen* **John F. Hoffen Secy** 4/17/96 (410)547-3118

CR2E034 (12/95)

*150  
4/22/96*