#### 2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 814485** 

Entity Name: FIDELITY & GUARANTY LIFE INSURANCE COMPANY

FILED
Apr 09, 2013
Secretary of State
CC0817810192

#### **Current Principal Place of Business:**

1001 FLEET STREET 6TH FLOOR

BALTIMORE, MD 21202

### **Current Mailing Address:**

1001 FLEET STREET 6TH FLOOR BALTIMORE, MD 21202 US

FEI Number: 52-6033321 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST

TALLAHASSEE, FL 32399-0000 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

TitleDIRECTOR, PRESIDENT, CEOTitleDIRECTORNameLAUNER, LELAND C JR.NameASALI, OMAR M

Address 1001 FLEET STREET, 6TH FLOOR Address 450 PARK AVENUE, 30TH FLOOR

City-State-Zip: BALTIMORE MD 21202 City-State-Zip: NEW YORK NY 10022

TitleSECRETARYTitleTREASURERNameMARHOUN, ERIC LNameSMITH, CLAIRE M

Address 1001 FLEET STREET, 6TH FLOOR Address 1001 FLEET STREET, 6TH FLOOR

City-State-Zip: BALTIMORE MD 21202 City-State-Zip: BALTIMORE MD 21202

Title DIRECTOR Title DIRECTOR

Name COHEN, FRED L Name ESTUS, IAN W

Address 1001 FLEET STREET, 6TH FLOOR Address 450 PARK AVENUE, 30TH FLOOR

City-State-Zip: BALTIMORE MD 21202 City-State-Zip: NEW YORK NY 10022

Title DIRECTOR Title DIRECTOR

Name GASS, PHILIP J Name GREGSON, KEVIN J

Address 450 PARK AVENUE, 30TH FLOOR Address 1001 FLEET STREET, 6TH FLOOR

City-State-Zip: NEW YORK NY 10022 City-State-Zip: BALTIMORE MD 21202

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN T ROONEY ASSISTANT SECRETARY 04/09/2013

### Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name HLADEK, KEITH M Name ROGER, ROBIN

Address 450 PARK AVENUE, 30TH FLOOR Address 450 PARK AVENUE, 30TH FLOOR

City-State-Zip: NEW YORK NY 10022 City-State-Zip: NEW YORK NY 10022

Title DIRECTOR

Name TWEEDIE, LEMUEL JOHN H Name ROONEY, JOHN T

Address 450 PARK AVENUE, 30TH FLOOR Address 1001 FLEET STREET, 6TH FLOOR

Title

ASST. SECRETARY

City-State-Zip: NEW YORK NY 10022 City-State-Zip: BALTIMORE MD 21202