

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED
1996 APR 23 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. Date Incorporated or Qualified: 06/14/1960
3a. Date of Last Report: 05/01/1995
4. FEI Number: 52-6033321
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 s. 199.032, Florida Statutes: Yes No

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

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. Flowers* (NOTE: Registered Agent signature required when reinstating)
Date: 4-22-96

12. OFFICERS AND DIRECTORS		DELETED
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BLAKE, JR NORMAN P	
STREET ADDRESS	100 LIGHT ST	
CITY - ST - ZIP	BALTIMORE, MD 00000	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HOFFEN, JOHN F, JR	
STREET ADDRESS	100 LIGHT ST	
CITY - ST - ZIP	BALTIMORE, MD 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SAUL, BRUCE H	
STREET ADDRESS	100 LIGHT ST	
CITY - ST - ZIP	BALTIMORE, MD 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CAMPAGNA, RICHARD P.	
STREET ADDRESS	100 LIGHT ST.	
CITY - ST - ZIP	BALTIMORE, MD 00000	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	SPAVEN, KERRY	
STREET ADDRESS	100 LIGHT ST	
CITY - ST - ZIP	BALTIMORE, MD 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALE, DAN L	
STREET ADDRESS	100 LIGHT STREET	
CITY - ST - ZIP	BALTIMORE MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	SV GAINES, GENE F.		
4.3 STREET ADDRESS	6225 SMITH AVE		
4.4 CITY - ST - ZIP	BALTIMORE, MD 21209		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - 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 SECRETARY 4/17/96 (410) 547-3118
Date: 4/17/96 Daytime Phone: 410-547-3118

CR2E034 (12/95)

not applicable