

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 100 LIGHT STREET P.O. BOX 1138 BALTIMORE MD 21202	Mailing Address 100 LIGHT STREET P.O. BOX 1138, N/A BALTIMORE MD 21202-1036 US
---	--

3. Date Incorporated or Qualified 06/14/1960	3a. Date of Last Report 04/23/1996
--	--

2. Principal Place of Business 21 6225 SMITH AVE Suite, Apt. # etc.	2a. Mailing Address 26 6225 SMITH AVE Suite, Apt. #, etc.
22	27 TAX DEPT LA0302
23 City & State BALTIMORE, Md	28 City & State BALTIMORE, Md
24 Zip 21209	29 Zip 21209
25 Country	30 Country

4. FEI Number 52-6033321	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	

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	FL
85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BLAKE, NORMAN P JR	
STREET ADDRESS	100 LIGHT ST	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HOFFEN, JOHN F JR	
STREET ADDRESS	100 LIGHT ST	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SAUL, BRUCE H	
STREET ADDRESS	100 LIGHT ST	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	SV	<input checked="" type="checkbox"/> DELETE
NAME	GAINES, GENE F	
STREET ADDRESS	6225 SMITH AVE	
CITY-ST-ZIP	BALTIMORE MD 21209	
TITLE	AVP	<input checked="" type="checkbox"/> DELETE
NAME	SPAVEN, KERRY	
STREET ADDRESS	100 LIGHT ST	
CITY-ST-ZIP	BALTIMORE MD	
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		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	6225 SMITH AVE	
1.4 CITY-ST-ZIP	BALTIMORE, Md 21209	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	6225 SMITH AVE	
2.4 CITY-ST-ZIP	BALTIMORE, Md 21209	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	100 E PRATT ST	
3.4 CITY-ST-ZIP	BALTIMORE, Md 21202	
4.1 TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PAMELA A. BIESACK	
4.3 STREET ADDRESS	6225 SMITH AVE	
4.4 CITY-ST-ZIP	BALTIMORE, Md 21209	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RONALD C. MISHLER	
5.3 STREET ADDRESS	6225 SMITH AVE	
5.4 CITY-ST-ZIP	BALTIMORE, Md 21209	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	6225 SMITH AVE	
6.4 CITY-ST-ZIP	BALTIMORE, Md 21209	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Secretary 4/30/97 (4-10) 205-6578
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)