

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 07, 2000 8:00 am**  
**Secretary of State**

09-07-2000 90003 020 \*\*\*550.00

**DOCUMENT # 814485**

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

Principal Place of Business  
 100 E PRATT ST  
 2ND FL  
 BALTIMORE MD 21202  
 US

Mailing Address  
 P.O. BOX 1137  
 2ND FL  
 BALTIMORE MD 21202  
 US

UUU8J6J1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 P O BOX 1137  
 Suite, Apt. #, etc.

City & State  
 BALTIMORE, MD

4. FEI Number **52-6033321**  
 Applied For  
 Not Applicable

Zip Country Zip Country  
 US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
 CAPITOL BLDG  
 TALLAHASSEE FL 32301**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	SAUL, BRUCE H	
STREET ADDRESS	100 E PRATT ST	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	P	<input type="checkbox"/> Delete
NAME	STOUT, HARRY H	
STREET ADDRESS	100 E PRATT ST	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	SVT	<input checked="" type="checkbox"/> Delete
NAME	SINGLETON, MARK E	
STREET ADDRESS	100 E PRATT ST	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	SV	<input type="checkbox"/> Delete
NAME	PERREAULT, MICHAEL G	
STREET ADDRESS	100 E PRATT ST	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	SV	<input checked="" type="checkbox"/> Delete
NAME	HAYNES, GARY F	
STREET ADDRESS	100 E PRATT ST	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	V	<input type="checkbox"/> Delete
NAME	ADAMS, JAMES C	
STREET ADDRESS	385 WASHINGTON ST.	
CITY-ST-ZIP	ST PAUL MN 51102	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REFER TO ATTACHED LISTING	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: SIGNATURE OF JOHN M. Varvaris 8/31/00 (410) 895-0151  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)