

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

03-20-2001 90027 035 ***150.00

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1001 Fleet Street
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Baltimore, Maryland
Zip
21202
Country

4. FEI Number 52-6033321
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City Tallahassee FL Zip Code 32301

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include SAUL, BRUCE H; STOUT, HARRY H; SINGLETON, MARK E; PERREAULT, MICHAEL G; HAYNES, GARY F; ADAMS, JAMES C.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for Change and Addition.

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 like empowered.

SIGNATURE: Bruce H. Saul
Signature and typed or printed name of signing officer or director
Date: 3/13/2001
Daytime Phone #: 410-895-0082

CR2E034 (10/00)