

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 810512

FILED  
Mar 26, 2009  
Secretary of State

**Entity Name:** FIDELITY AND GUARANTY INSURANCE UNDERWRITERS, INC.

**Current Principal Place of Business:**

20800 SWENSON DR  
SUITE #300  
WAUKESHA, WI 531664057 US

**New Principal Place of Business:**

**Current Mailing Address:**

385 WASHINGTON STREET  
MC NB15A  
SAINT PAUL, MN 55102 US

**New Mailing Address:**

385 WASHINGTON STREET  
MC NB16L  
SAINT PAUL, MN 55102 US

**FEI Number:** 52-0616768

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE, FL 323010000 US

**Name and Address of New Registered Agent:**

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

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MACLEAN, BRIAN W  
Address: ONE TOWER SQUARE  
City-St-Zip: HARTFORD, CT 06183

Title: T ( ) Delete  
Name: RUSSELL, DOUGLAS K  
Address: ONE TOWER SQUARE  
City-St-Zip: HARTFORD, CT 06183

Title: S ( ) Delete  
Name: BACKBERG, BRUCE A  
Address: 385 WASHINGTON STREET  
City-St-Zip: ST. PAUL, MN 55102

Title: D ( ) Delete  
Name: BENET, JAY S  
Address: ONE TOWER SQUARE  
City-St-Zip: HARTFORD, CT 06183

Title: D ( ) Delete  
Name: LACHER, JOSEPH P JR.  
Address: ONE TOWER SQUARE  
City-St-Zip: HARTFORD, CT 06183

Title: D ( ) Delete  
Name: HEYMAN, WILLIAM H  
Address: 385 WASHINGTON STREET  
City-St-Zip: ST. PAUL, MN 55102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: SKJERVEN, WENDY C  
Address: 385 WASHINGTON STREET  
City-St-Zip: ST. PAUL, MN 55102

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WENDY C. SKJERVEN

S

03/26/2009

Electronic Signature of Signing Officer or Director

Date