

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 810512

FILED
Mar 09, 2011
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 NB16L
SAINT PAUL, MN 55102 US

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

Title: T
Name: OLIVO, MARIA
Address: 485 LEXINGTON AVENUE
City-St-Zip: NEW YORK, NY 10017

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

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

Title: D
Name: SPENCE, KENNETH F III
Address: 385 WASHINGTON STREET
City-St-Zip: ST. PAUL, MN 55102

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

I hereby 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 all other like empowered.

SIGNATURE: WENDY C. SKJERVEN

S

03/09/2011

Electronic Signature of Signing Officer or Director

Date