FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 814485 (9)

1. Corporate 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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1960

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. # etc.
22

Suite, Apt. # etc.
27

City & State
23

City & State
28

24 25 29 30

4. FEI Number: 52-6033321 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ 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 Section 607.0505, 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. The 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.

(CONTINUED)

12. OFFICER AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
	CD		☐ Change ☐ Addition
NAME	BLAKE, JR NORMAN P	NAME	
STREET ADDRESS	100 LIGHT ST	STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE, MD 00000	CITY-ST-ZIP	
	VS		☐ Change ☐ Addition
NAME	HOFFEN, JOHN F, JR	NAME	
STREET ADDRESS	100 LIGHT ST	STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE, MD 00000	CITY-ST-ZIP	
	VD		☐ Change ☐ Addition
NAME	SAUL, BRUCE H	NAME	
STREET ADDRESS	100 LIGHT ST	STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE, MD 00000	CITY-ST-ZIP	
	VD		☐ Change ☐ Addition
NAME	CAMPAGNA, RICHARD P.	NAME	
STREET ADDRESS	100 LIGHT ST.	STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE, MD 00000	CITY-ST-ZIP	
	PD	AVP	☒ Change ☐ Addition
NAME	HRON, IHOR	SPAVEN, KERRY	
STREET ADDRESS	100 LIGHT ST	100 LIGHT STREET	
CITY-ST-ZIP	BALTIMORE, MD 00000	BALTIMORE, MD 21202	
	D		☐ Change ☐ Addition
NAME	HALE, DAN L	NAME	
STREET ADDRESS	100 LIGHT STREET	STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD	CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is substantially complete and 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 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 I am familiar with the provisions of Chapter 607, Florida Statutes, pertaining to annual reports.

SIGNATURE: John F. Hoffen 4/26/95 (410) 547-3312

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0397439 FP