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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # 814485 (9)
1. Corporation Name
FIDELITY AND GUARANTY LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address
100 LIGHT STREET 100 LIGHT STREET
P.O. BOX 1138 P.O. BOX 1138, N/A
BALTIMORE MD 21202 BALTIMORE MD 21202
US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	06/14/1960	05/01/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	52-6033321	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	<input type="checkbox"/>	
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
		29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32301

81 Name CORPORATION SERVICE COMPANY
82 Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
83
84 City TALLAHASSEE FL 85 Zip Code 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Such 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.

SIGNATURE Mary J. Howlers

4-22-96
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, JR NORMAN P	1.2 NAME	900001791469
STREET ADDRESS	100 LIGHT ST	1.3 STREET ADDRESS	-04/23/96--01158--004
CITY-STATE-ZIP	BALTIMORE, MD 00000	1.4 CITY-STATE-ZIP	****200.00 ****200.00
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFEN, JOHN F, JR	2.2 NAME	
STREET ADDRESS	100 LIGHT ST	2.3 STREET ADDRESS	
CITY-STATE-ZIP	BALTIMORE, MD 00000	2.4 CITY-STATE-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUL, BRUCE H	3.2 NAME	
STREET ADDRESS	100 LIGHT ST	3.3 STREET ADDRESS	
CITY-STATE-ZIP	BALTIMORE, MD 00000	3.4 CITY-STATE-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPAGNA, RICHARD P.	4.2 NAME	SV GAINES, GENE F.
STREET ADDRESS	100 LIGHT ST.	4.3 STREET ADDRESS	6225 SMITH AVE
CITY-STATE-ZIP	BALTIMORE, MD 00000	4.4 CITY-STATE-ZIP	BALTIMORE, MD 21209
TITLE	AVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPAVEN, KERRY	5.2 NAME	
STREET ADDRESS	100 LIGHT ST	5.3 STREET ADDRESS	
CITY-STATE-ZIP	BALTIMORE, MD 00000	5.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, DAN L	6.2 NAME	
STREET ADDRESS	100 LIGHT STREET	6.3 STREET ADDRESS	
CITY-STATE-ZIP	BALTIMORE MD	6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual 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 my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John F. Hoffen

John F. Hoffen Secy 4/17/96 (410/547-3118)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed Name

CR2E034 (12/95)