

2000 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

3. Mailing Address

P O BOX 1137

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BALTIMORE, MD

Zip

Country

Zip

Country

US

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

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SAUL, BRUCE H
100 E PRATT ST
BALTIMORE MD ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REFER TO ATTACHED LISTING ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
STOUT, HARRY H
100 E PRATT ST
BALTIMORE MD ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVT
SINGLETON, MARK E
100 E PRATT ST
BALTIMORE MD ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SV
PERREAULT, MICHAEL G
100 E PRATT ST
BALTIMORE MD ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SV
HAYNES, GARY F
100 E PRATT ST
BALTIMORE MD ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ADAMS, JAMES C
385 WASHINGTON ST.
ST PAUL MN 51102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/00 (410) 895-0151

Date

Daytime Phone #

CR2E034 (5/00)