

3/20/01

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 814485**

1. Entity Name

FIDELITY AND GUARANTY LIFE INSURANCE COMPANY**FILED****Apr 25, 2001 8:00 am**
Secretary of State

03-20-2001 90027 035 ***150.00

Principal Place of Business

Mailing Address

100 E PRATT ST
2ND FL
BALTIMORE MD 21202
USP.O. BOX 1137
2ND FL
BALTIMORE MD 21202
US

2. Principal Place of Business

1001 Fleet Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Baltimore, Maryland

City & State

4. FEI Number **52-6033321**

Applied For

Not Applicable

Zip

21202

Country

Zip

21203-1137

Country

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

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

City

Tallahassee

FL

Zip Code
32301

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete
VD	SAUL, BRUCE H	100 E PRATT ST	BALTIMORE MD	<input type="checkbox"/> Delete
	SEE ATTACHMENT			
P	STOUT, HARRY H	100 E PRATT ST	BALTIMORE MD	<input type="checkbox"/> Delete
SVT	SINGLETON, MARK E	100 E PRATT ST	BALTIMORE MD	<input type="checkbox"/> Delete
SV	PERREAULT, MICHAEL G	100 E PRATT ST	BALTIMORE MD	<input type="checkbox"/> Delete
SV	HAYNES, GARY F	100 E PRATT ST	BALTIMORE MD	<input type="checkbox"/> Delete
V	ADAMS, JAMES C	385 WASHINGTON ST.	ST PAUL MN 51102	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 like empowered.

SIGNATURE:

Bruce H. Saul

Bruce H. Saul

3/13/2001

410-895-0082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)