12/2

07-18-2006 90085 012 \*\*\*158.75

## 2026 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPURI						4	8144	35	
DOCUMENT # 814485  1. Entity Name					FIL <u>81</u> 4485 SECRETARY OF STATE DIVISION OF CORPORATIONS				
Fidelity and Guaranty Life Insurance Co						<b>06</b> JUL 2	7 PH	3: 53	
Principal Place of Business Mailing Address					7				
1001 Fleet Street						\ /			
						1/			
Baltimore, Maryland 21202						A00997	30		
<u> </u>	ace of Business	3. Mailing Address				Mannagar	JJ		
Suite, Apt.		Suite, Apt. #, etc.		0703200	<del></del>	CR2E034	· · ·		
City & State	)	City & State			4. FEI Numb	_		<del></del>	plied For t Applicable
Zip	Country	Zip Cour			52-6033321		8.75 Add		
			<b>4-4</b> ,	5. Certificate of Status Desired X Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
			Name						
Chief Financial Officer PO Box 6200 (32314-6200)				Street Address (P.O. Box Number is Not Acceptable)					
200 E Gaines St									
Tallahassee, Florida 32399-0000				City FL Zip Code					
The above gamed entity submits this statement for the purpose of changing its registered office or register					ered agent, or bo	oth, in the State of Flor	ida. I am fa	miliar with,	and accept
the obligations of registered agent.									
SIGNATURE									
Signature, typed or priviled name of registered agent and it'le if applicable, (NOTE: Registered Agent signature required when reinstating) DATE									
		9. Election Campai Trust Fund Contr	-		5.00 May Be ded to Fees				İ
		1103(1 0100 0010	100001.	_ ~	OED TO FEES				ŀ
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11
TITLE	Berleam Com V	Delete	TITLE					Change	Addition
NAME	Barker, Guy V 1001 Fleet Street		NAME						ľ
STREET ADORESS CITY-ST-ZIP	Baltimore, MD 21202		CITY-ST	ADORESS - 71P					1
	DCFO	¥☐ Delete	_		<del></del>	i		Chross	C) Addition
TITLE NAME	Varvaris, Jôhn	4_J Delete	TITLE	DCI	-			Change X	Addition
STREET ADDRESS				NUMESS I	ifford, J				]
CITY-ST-ZIP			CITY-ST	. <sub>ZP</sub>   Bal	ltimore,	MD 21202(10	Ol Flee	t St)	
TITLE	DPCE	Delete	TITLE				<u>,                                    </u>	Change	Addition
NAME STREET ADDRESS	Parker, Bruce G		ADDRESS					1	
CITY-ST-ZIP	1 1001 77								Ì
TITLE	SVCA	☐ Defete	TITLE					Change	Addition
NAME	Perreault, Michel G		NAME					•	_
STREET ADDRESS	1001 Fleet Street		STREET	ADDRESS					
CITY-ST-ZZP't	Baltimore, MD21202		CITY-ST	-73P				<u>-</u>	
TITLE	DSVP	Delete	TITLE					Change	☐ Addition
NAME	Lumby, Victor		NAME						-
STREET ADDRESS	1001 Fleet Street	•		ADDRESS					Ì
CITY-ST-ZP	Baltimore, MD 21202		CITY-ST	<del></del>	intert C:		Un.	Charac	and service
TITLE	SVPG	Delete	TITLE			cretary / A	VP	☐ Change	Addition
NAME STREET ADDRESS	neoruen, menuer n				ert S Jet				
CITY-ST-ZIP	1001 Fleet Street		CITY-ST	.70 1	I Fleet S				
	certify that the information supplied with	this filing does not qualify to		(Ball)	timore. Med in Chapter 11		funther certif	y that the ir	nformation
12. I hereby certify that the information supplied with this filling does not qualify for the examptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this roport or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiper of nystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: Robert S.J.						6/20/16	4	In DOS	2003
INVIDIC	Unc.	V VV	* * * * * * * * * * * * * * * * * * *	<del></del>	4 <del>4 - JJ-</del>	<u> </u>		4 11 15	<del></del>





4.44



Old Mutual Financial Network

1001 Fleet Street Baltimore, Maryland 21202 PH 410.895.0100 1.888.697.LIFE FX 410.895.0162 FIDELITY AND GUARANTY LIFE INSURANCE COMPANY
FIDELITY AND GUARANTY LIFE INSURANCE COMPANY OF NEW YORK
AMERICOM LIFE AND ANNUITY INSURANCE COMPANY

ATTN: Gary Blankenbaker

VIA FACSIMILE # 850.245.6017

Re: Fidelity and Guaranty Life Insurance Company

Reference Number 814485

Per your conversation with Gloria Few this morning, I am attesting that we did not receive the notification to file the annual report/uniform business report in January.

Thank you for your time and consideration.

AVP, Assistant Secretary

www.omfn.com