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 # **843470** **(6)**

1. Corporate Name

FIDELITY AND GUARANTY INSURANCE COMPANY

Principal Place of Business

100 LIGHT STREET
PO BOX 1138
BALTIMORE MD 21202

Mailing Address

100 LIGHT STREET
P.O. BOX 1138. N/A
BALTIMORE FL 21202
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/15/1979	05/01/1994

21 2. Principal Place of Business

26 2a. Mailing Address

4. FEI Number **42-1091525** ☐ Applied For ☐ Not Applicable

22 State, Apt. # or Rm.

27 State, Apt. # or Rm.

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

23 City & State

28 City & State

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

24 ZIP 25 County

29 ZIP 30 County

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

31 Name

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

33

34 City **FL** 35 Zip Code

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 duties of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	CPD	TITLE	☐ Change ☐ Addition
NAME	BLAKE, NORMAN P	NAME	
STREET ADDRESS	100 LIGHT ST	STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE, MD 00000	CITY-ST-ZIP	
TITLE	SD	TITLE	☐ Change ☐ Addition
NAME	HOFFEN, JOHN F, JR	NAME	
STREET ADDRESS	100 LIGHT ST	STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE, MD 00000	CITY-ST-ZIP	
TITLE	VT	TITLE	☐ Change ☐ Addition
NAME	CAMPAGNA, RICHARD	NAME	
STREET ADDRESS	100 LIGHT ST	STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE, MD 00000	CITY-ST-ZIP	
TITLE	SV	TITLE	☐ Change ☐ Addition
NAME	LAMENDOLA, ROBERT J.	NAME	
STREET ADDRESS	100 LIGHT STREET	STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD	CITY-ST-ZIP	
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	BOTHWELL, PETER	NAME	
STREET ADDRESS	100 LIGHT STREET	STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	HALE, DAN L	NAME	
STREET ADDRESS	100 LIGHT STREET	STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD	CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is complete and accurate, and that I am duly authorized to execute this report pursuant to Section 607.1622, 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 above, or on an attachment with an address.

SIGNATURE: John F Hoffen 1/21/95 (410) 547-3312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0307439 FP