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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

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

1. Corporation Name
FIDELITY AND GUARANTY INSURANCE COMPANY

Principal Place of Business	Mailing Address
100 LIGHT STREET PO BOX 1138 BALTIMORE MD 21202	100 LIGHT STREET P.O. BOX 1138. N/A BALTIMORE FL 21202-1036 US

3. Date Incorporated or Qualified: **06/15/1979**
3a. Date of Last Report: **04/24/1996**

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

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 6225 SMITH AVE	26 6225 SMITH AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. TAX DEPT LA0302
23 City & State BALTIMORE, Md	28 City & State BALTIMORE, Md
24 Zip 21209 25 Country	29 Zip 21209 30 Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	☐ DELETE	11 TITLE	☒ Change ☐ Addition
NAME	BLAKE, NORMAN P		12 NAME	
STREET ADDRESS	100 LIGHT ST		13 STREET ADDRESS	6225 SMITH AVE
CITY-ST-ZIP	BALTIMORE MD		14 CITY-ST-ZIP	BALTIMORE Md 21209
TITLE	SD	☐ DELETE	21 TITLE	☒ Change ☐ Addition
NAME	HOFFEN, JOHN F JR.		22 NAME	
STREET ADDRESS	100 LIGHT ST		23 STREET ADDRESS	6225 SMITH AVE
CITY-ST-ZIP	BALTIMORE MD		24 CITY-ST-ZIP	BALTIMORE, Md 21209
TITLE	V	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	BRADLEY, THOMAS A		32 NAME	
STREET ADDRESS	100 LIGHT ST		33 STREET ADDRESS	6225 SMITH AVE
CITY-ST-ZIP	BALTIMORE MD		34 CITY-ST-ZIP	BALTIMORE, Md 21209
TITLE	SV	☐ DELETE	41 TITLE	☒ Change ☐ Addition
NAME	LAMENDOLA, ROBERT J.		42 NAME	
STREET ADDRESS	100 LIGHT STREET		43 STREET ADDRESS	6225 SMITH AVE
CITY-ST-ZIP	BALTIMORE MD		44 CITY-ST-ZIP	BALTIMORE, Md 21209
TITLE	SV	☐ DELETE	51 TITLE	☒ Change ☐ Addition
NAME	SWEENEY, JOHN C		52 NAME	
STREET ADDRESS	100 LIGHT ST		53 STREET ADDRESS	6225 SMITH AVE
CITY-ST-ZIP	BALTIMORE MD		54 CITY-ST-ZIP	BALTIMORE, Md 21209
TITLE	D	☐ DELETE	61 TITLE	☒ Change ☐ Addition
NAME	HALE, DAN L		62 NAME	
STREET ADDRESS	100 LIGHT STREET		63 STREET ADDRESS	6225 SMITH AVE
CITY-ST-ZIP	BALTIMORE MD		64 CITY-ST-ZIP	BALTIMORE md 21209

CR2E034 (9/96)

14. I do 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 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: [signature] 4/24/97 John F Hoffen Sec'y (410) 205-6578