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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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
6225 SMITH AVE BALTIMORE MD 21209 US	6225 SMITH AVE BALTIMORE FL 21209 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1979

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BLAKE, NORMAN P		1.2 NAME		
STREET ADDRESS	6225 SMITH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOFFEN, JOHN F JR.		2.2 NAME		
STREET ADDRESS	6225 SMITH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRADLEY, THOMAS A		3.2 NAME		
STREET ADDRESS	6225 SMITH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD		3.4 CITY-ST-ZIP		
TITLE	SV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LAMENDOLA, ROBERT J.		4.2 NAME		
STREET ADDRESS	6225 SMITH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD		4.4 CITY-ST-ZIP		
TITLE	SV	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SWEENEY, JOHN C		5.2 NAME		
STREET ADDRESS	6225 SMITH AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HALE, DAN L		6.2 NAME		
STREET ADDRESS	6225 SMITH AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. 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 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: John J Hoffen Secretary 4/23/98 (410)205-6578