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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **843470**

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**

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

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 4201 Westown Parkway
22 Suite, Apt. #, etc. Ste 250
23 City & State West Des Moines, IA
24 Zip 50266 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 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 _____ 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	DP	☐ Change ☒ Addition
NAME	BLAKE, NORMAN P		1.2 NAME	Douglas W. Leatherdale	
STREET ADDRESS	6225 SMITH AVE		1.3 STREET ADDRESS	385 Washington St.	
CITY-ST-ZIP	BALTIMORE MD		1.4 CITY-ST-ZIP	St. Paul, MN 55102	
TITLE	SD	XX DELETE	2.1 TITLE	S	☐ Change XX Addition
NAME	HOFFEN, JOHN F JR.		2.2 NAME	Sandra Ulsaker Wiese	
STREET ADDRESS	6225 SMITH AVE		2.3 STREET ADDRESS	385 Washington St.	
CITY-ST-ZIP	BALTIMORE MD		2.4 CITY-ST-ZIP	St. Paul, MN 55102	
TITLE	V	☐ DELETE	3.1 TITLE	VT	☒ Change ☐ Addition
NAME	BRADLEY, THOMAS A		3.2 NAME		
STREET ADDRESS	6225 SMITH AVE		3.3 STREET ADDRESS	385 Washington Street	
CITY-ST-ZIP	BALTIMORE MD		3.4 CITY-ST-ZIP	St. paul, MN 55102	
TITLE	SV	XX DELETE	4.1 TITLE	DV	☐ Change XX Addition
NAME	LAMENDOLA, ROBERT J.		4.2 NAME	Paul J. Liska	
STREET ADDRESS	6225 SMITH AVE		4.3 STREET ADDRESS	385 Washington St.	
CITY-ST-ZIP	BALTIMORE MD		4.4 CITY-ST-ZIP	St. Paul, MN 55102	
TITLE	SV	☒ DELETE	5.1 TITLE	DV	☐ Change XX Addition
NAME	SWEENEY, JOHN C		5.2 NAME	Stephen W. Lilenthal	
STREET ADDRESS	6225 SMITH AVE		5.3 STREET ADDRESS	385 Washington St.	
CITY-ST-ZIP	BALTIMORE MD		5.4 CITY-ST-ZIP	St. Paul, Mn 55102	
TITLE	D	☒ DELETE	6.1 TITLE	VD	☐ Change ☒ Addition
NAME	HALE, DAN L		6.2 NAME	Bruce A. Backberg	
STREET ADDRESS	6225 SMITH AVE		6.3 STREET ADDRESS	385 Washington St.	
CITY-ST-ZIP	BALTIMORE MD		6.4 CITY-ST-ZIP	St. Paul, MN 55102	

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, with all other like empowered.

SIGNATURE: Sandra Ulsaker Wiese SIGNATURE REQUIRED Sandra Ulsaker Wiese 3/12/99 651-310-8506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)