FILE NOW. FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

2000

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

FILED
May 20, 2000 8:00 am
Secretary of State
05-20-2000 90013 001 *1,800.00

DOCUMENT # 843470

1. Corporation Name
FIDELITY AND GUARANTY INSURANCE COMPANY

Principal Place of Business
SMITH AVE
TIMORE MD 21209

Mailing Address
6225 SMITH AVE
BALTIMORE FL 21209
US

DO NOT WRITE IN THIS SPACE

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

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

3. Date Incorporated or Qualified
06/15/1979

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 the current year intangible Personal Property Tax. 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: Florida Insurance Commissioner
82 Street Address (P.O. Box Number is Not Acceptable): State Capitol, Plaza Level 11
83:
84 City: Tallahassee FL 85 Zip Code: 32399-0300

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 signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE: CPD	DELETE: X	13.1 TITLE: DP	Change:	Addition: X
NAME: BLAKE, NORMAN P		13.2 NAME: Douglas W. Leatherdale		
STREET ADDRESS: 6225 SMITH AVE		13.3 STREET ADDRESS: 385 Washington St.		
CITY-ST-ZIP: BALTIMORE MD		13.4 CITY-ST-ZIP: St. Paul, MN 55102		
TITLE: SD	DELETE: XX	13.1 TITLE: S	Change:	Addition: XX
NAME: HOFFEN, JOHN F JR.		13.2 NAME: Sandra Ulsaker Wiese		
STREET ADDRESS: 6225 SMITH AVE		13.3 STREET ADDRESS: 385 Washington St.		
CITY-ST-ZIP: BALTIMORE MD		13.4 CITY-ST-ZIP: St. Paul, MN 55102		
TITLE: V	DELETE: XX	13.1 TITLE: VT	Change: X	Addition:
NAME: BRADLEY, THOMAS A		13.2 NAME: Thomas E. Bergmann		
STREET ADDRESS: 6225 SMITH AVE		13.3 STREET ADDRESS: 385 Washington Street		
CITY-ST-ZIP: BALTIMORE MD		13.4 CITY-ST-ZIP: St. paul, MN 55102		
TITLE: SV	DELETE: XX	13.1 TITLE: DV	Change:	Addition: XX
NAME: LAMENDOLA, ROBERT J.		13.2 NAME: Paul J. Liska		
STREET ADDRESS: 6225 SMITH AVE		13.3 STREET ADDRESS: 385 Washington St.		
CITY-ST-ZIP: BALTIMORE MD		13.4 CITY-ST-ZIP: St. Paul, MN 55102		
TITLE: SV	DELETE: X	13.1 TITLE: DV	Change:	Addition: XX
NAME: SWEENEY, JOHN C		13.2 NAME: Stephen W. Lilenthal		
STREET ADDRESS: 6225 SMITH AVE		13.3 STREET ADDRESS: 385 Washington St.		
CITY-ST-ZIP: BALTIMORE MD		13.4 CITY-ST-ZIP: St. Paul, Mn 55102		
TITLE: D	DELETE: X	13.1 TITLE: VD	Change:	Addition: X
NAME: HALE, DAN L		13.2 NAME: Bruce A. Backberg		
STREET ADDRESS: 6225 SMITH AVE		13.3 STREET ADDRESS: 385 Washington St.		
CITY-ST-ZIP: BALTIMORE MD		13.4 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 Sandra Ulsaker Wiese 4/18/00 651-310-8506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR