2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 08:00 AM
Secretary of State

DOCUMENT # **843470**

1. Entity Name
FIDELITY AND GUARANTY INSURANCE COMPANY

Principal Place of Business		Mailing Address	
4201 WESTOWN PKWY		6225 SMITH AVE	
STE 250		STE. 250	
W DES MOINES	IA	BALTIMORE	MD
50266	US	21209	US

2. Principal Place of Business	3. Mailing Address
	385 WASHINGTON STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc. MAIL CODE 515A
City & State	City & State ST. PAUL MN
Zip / Country	Zip 55102 / Country US

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
STATE CAPITOL, PLAZA LEVEL 11

TALLAHASSEE FL
32301 US

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ **04/25/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VD	☐ Delete		TITLE	V	☒ Change	☐ Addition
NAME	BACKBERG BRUCE			NAME	LAMENDDOLA ROBERT J		
STREET ADDRESS	385 WASHINGTON ST			STREET ADDRESS	385 WASHINGTON ST		
CITY-ST-ZIP	ST PAUL	MN	55102	CITY-ST-ZIP	ST PAUL	MN	55102
TITLE	DV	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	LILENTHAL STEPHEN W			NAME			
STREET ADDRESS	385 WASHINGTON ST			STREET ADDRESS			
CITY-ST-ZIP	ST PAUL	FL	55102	CITY-ST-ZIP			
TITLE	DV	☐ Delete		TITLE	DV	☒ Change	☐ Addition
NAME	LISKA PAUL J			NAME	BRADLEY THOMAS A		
STREET ADDRESS	385 WASHINHTON ST			STREET ADDRESS	385 WASHINGTON ST		
CITY-ST-ZIP	ST PAUL	MN	55102	CITY-ST-ZIP	ST PAUL	MN	55102
TITLE	VT	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	BERGMANN THOMAS E			NAME			
STREET ADDRESS	385 WASHINGTON ST			STREET ADDRESS			
CITY-ST-ZIP	ST PAUL	MN	55102	CITY-ST-ZIP			
TITLE	S	☐ Delete		TITLE	SV	☒ Change	☐ Addition
NAME	WIESE SANDRA U			NAME	BACKBERG BRUCE A		
STREET ADDRESS	385 WASHINGTON ST			STREET ADDRESS	385 WASHINGTON ST		
CITY-ST-ZIP	ST PAUL	MN	55102	CITY-ST-ZIP	ST PAUL	MN	55102
TITLE	DP	☐ Delete		TITLE	CDP	☒ Change	☐ Addition
NAME	LEATHERDALE DOUGLAS W			NAME	LEATHERDALE DOUGLAS W		
STREET ADDRESS	385 WASHINGTON ST			STREET ADDRESS	385 WASHINGTON ST		
CITY-ST-ZIP	ST PAUL	MN	55102	CITY-ST-ZIP	ST PAUL	MN	55102

CR2E034 (11/00)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE A. BACKBERG SV 04/25/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #