2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 843470

FILED Mar 28, 2006 Secretary of State

Entity Name: FIDELITY AND GUARANTY INSURANCE COMPANY

Current Principal Place of Business:					New Principal Place of Business:				
4201 WESTOWN PKWY STE 250 WEST DES MOINES, IA 50266 US					7101 VISTA DRIVE WEST DES MOINES, IA 50266 US				
Current Mailing Address:					New Mailing Address:				
385 WASHINGTON STREET MAIL CODE 515A ST. PAUL, MN 55102 US									
FEI Number: 42-1091525 FEI Number Applied For () FEI			FEI Num	nber Not Appli	cable ()	Certifica	Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:									
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US									
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:									
Electronic Signature of Registered Agent Date									
Election Campaign Financing Trust Fund Contribution ().									
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	CDP (MACLEAN, BR ONE TOWER S HARTFORD, C	SQUARE			Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	SV (BACKBERG, B 385 WASHING ST PAUL, MN	TON ST			Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	VT (RUSSELL, DO ONE TOWER S HARTFORD, C	SQUARE			Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	D (LACHER, JOSI ONE TOWER S HARTFORD, C	SQUARE			Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	DV (HEYMAN, WILI 385 WASHING ST PAUL, FL	TON ST			Title: Name: Address: City-St-Zip:	D HEYMAN, W 385 WASHII ST PAUL, F	NGTON ST	() Addition	
Title: Name: Address: City-St-Zip:	() Delete			Title: Name: Address: City-St-Zip:		()Change ENNETH F III NGTON STRE ⁄IN 55102		
I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.									

SIGNATURE: BRUCE BACKBERG SV 03/28/2006