

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213511278

1.) CORPORATION NAME:

**Fidelity & Guaranty Life Insurance Company**

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F0148694**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MD**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1001 FLEET ST 6TH FLOOR

CITY/ST/ZIP: BALTIMORE, MD 21202

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: OMAR MARWAN ASALI  
TITLE: DIRECTOR  
ADDRESS: 450 PARK AVENUE 30TH FLOOR  
CITY/ST/ZIP/CO: NEW YORK, NY 21202

OFFICER  DIRECTOR

NAME: FRED LEWIS COHEN  
TITLE: DIRECTOR  
ADDRESS: 8 WASHINGTON PARK  
CITY/ST/ZIP/CO: MAPLEWOOD, NJ 07040

OFFICER  DIRECTOR

NAME: IAN WINFRED ESTUS  
TITLE: DIRECTOR  
ADDRESS: 450 PARK AVENUE 30TH FLOOR  
CITY/ST/ZIP/CO: NEW YORK, NY 10022

OFFICER  DIRECTOR

NAME: PHILIP JOHN GASS  
TITLE: DIRECTOR  
ADDRESS: 450 PARK AVENUE 30TH FLOOR  
CITY/ST/ZIP/CO: NEW YORK, NY 10022

OFFICER  DIRECTOR

NAME: KEVIN JOSEPH GREGSON  
TITLE: DIRECTOR  
ADDRESS: 58 VALLEY LANE  
CITY/ST/ZIP/CO: CHAPPAQUA, NY 10514

OFFICER  DIRECTOR

NAME: KEITH MICHAEL HLADEK  
TITLE: DIRECTOR  
ADDRESS: 450 PARK AVENUE 30TH FLOOR  
CITY/ST/ZIP/CO: NEW YORK, NY 10022

OFFICER  DIRECTOR

NAME: LELAND CONVIS LAUNER, JR. TITLE: PRESIDENT ADDRESS: 1001 FLEET STREET 6TH FLOOR CITY/ST/ZIP/CO: BALTIMORE, MD 21202	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBIN ROGER TITLE: DIRECTOR ADDRESS: 450 PARK AVENUE 30TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN HAMILTON TWEEDIE TITLE: DIRECTOR ADDRESS: 123 LAKE ROAD CITY/ST/ZIP/CO: FAR HILLS, NJ 07931	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CLAIRE MARY SMITH TITLE: TREASURER ADDRESS: 1001 FLEET STREET 6TH FLOOR CITY/ST/ZIP/CO: BALTIMORE, MD 21202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ERIC LUND MARHOUN TITLE: SECRETARY ADDRESS: 1001 FLEET STREET 6TH FLOOR CITY/ST/ZIP/CO: BALTIMORE, MD 21202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN THOMAS ROONEY TITLE: ASST SECRETARY ADDRESS: 1001 FLEET STREET 6TH FLOOR CITY/ST/ZIP/CO: BALTIMORE, MD 21202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ JOHN THOMASROONEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN THOMASROONEY, PRINTED NAME AND CORPORATE TITLE	3/4/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		