

SCC eFile

2016 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

216512089

1.) CORPORATION NAME:

Fidelity & Guaranty Life Insurance Company

DUE DATE: **3/31/2016**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IA

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:	LELAND CONVIS LAUNER, JR.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1001 FLEET STREET 6TH FLOOR		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21202		
NAME:	CLAIRE MARY SMITH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1001 FLEET STREET 6TH FLOOR		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21202		
NAME:	ERIC LUND MARHOUN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1001 FLEET STREET 6TH FLOOR		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21202		
NAME:	JOHN THOMAS ROONEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1001 FLEET STREET 6TH FLOOR		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21202		
NAME:	OMAR MARWAN ASALI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	450 PARK AVENUE 30TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 21202		
NAME:	FRED LEWIS COHEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8 WASHINGTON PARK		
CITY/ST/ZIP/CO:	MAPLEWOOD, NJ 07040		

NAME: IAN WINFRED ESTUS 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: PHILIP JOHN GASS 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: KEVIN JOSEPH GREGSON TITLE: DIRECTOR ADDRESS: 58 VALLEY LANE CITY/ST/ZIP/CO: CHAPPAQUA, NY 10514	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEITH MICHAEL HLADEK 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: 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
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/ CLAIRES MARY SMITH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CLAIRES MARY SMITH, TREASURER PRINTED NAME AND CORPORATE TITLE	3/31/2016 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.		