

1.) CORPORATION NAME:

DUE DATE: **12/30/2010**

**FIDELITY AND GUARANTY INSURANCE COMPANY**

SCC ID NO: **F0342859**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI  
CORPORATION SERVICE COMPANY  
11 S 12TH ST  
PO BOX 1463**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

**RICHMOND, VA 23218**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7101 VISTA DR

CITY/ST/ZIP: W. DES MOINES, IA 50266-

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.

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	BRIAN W MACLEAN			
TITLE:	CHRMN/CEO/PRES			
ADDRESS:	ONE TOWER SQUARE			
CITY/ST/ZIP/CO:	HARTFORD, CT 06183-			

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	WENDY C SKJERVEN			
TITLE:	COPORATE S			
ADDRESS:	385 WASHINGTON ST			
CITY/ST/ZIP/CO:	ST PAUL, MN 55102-			

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	MARIA OLIVO			
TITLE:	SVP/T			
ADDRESS:	485 LEXINGTON AVE			
CITY/ST/ZIP/CO:	NEW YORK CITY, NY 10017-			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JAY S BENET			
TITLE:	VC/CFO			
ADDRESS:	ONE TOWER SQ			
CITY/ST/ZIP/CO:	HARTFORD, CT 06183-			

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JAY S. BENET			
TITLE:	DIRECTOR			
ADDRESS:	ONE TOWER SQUARE			
CITY/ST/ZIP/CO:	HARTFORD, CT 06183-			

NAME: WILLIAM H. HEYMAN TITLE: DIRECTOR ADDRESS: 385 WASHINGTON STREET CITY/ST/ZIP/CO: ST. PAUL, MN 55102-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: BRIAN W. MACLEAN TITLE: DIRECTOR ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: GREGORY C. TOCZYDLOWSKI TITLE: DIRECTOR ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: KENNETH F. SPENCE, III TITLE: DIRECTOR ADDRESS: 385 WASHINGTON STREET CITY/ST/ZIP/CO: ST. PAUL, MN 55102-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ WENDY C SKJERVEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WENDY C SKJERVEN, COPORATE S PRINTED NAME AND CORPORATE TITLE	11/19/2010 DATE
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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.