

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211527409

1.) CORPORATION NAME:

FIDELITY AND GUARANTY INSURANCE COMPANY

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

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IA

DUE DATE: **12/31/2011**

SCC ID NO: **F0342859**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

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.

NAME:	BRIAN W MACLEAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHRMN/CEO/PRES		
ADDRESS:	ONE TOWER SQUARE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06183-		
NAME:	JAY S BENET	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VC/CFO		
ADDRESS:	ONE TOWER SQ		
CITY/ST/ZIP/CO:	HARTFORD, CT 06183-		
NAME:	WILLIAM H. HEYMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	385 WASHINGTON STREET		
CITY/ST/ZIP/CO:	ST. PAUL, MN 55102-		
NAME:	KENNETH F. SPENCE, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	385 WASHINGTON STREET		
CITY/ST/ZIP/CO:	ST. PAUL, MN 55102-		
NAME:	GREGORY C. TOCZYDLOWSKI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE TOWER SQUARE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06183-		

NAME: WENDY C SKJERVEN TITLE: SECRETARY ADDRESS: 385 WASHINGTON ST CITY/ST/ZIP/CO: ST PAUL, MN 55102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: MARIA OLIVO TITLE: EVP/T ADDRESS: 485 LEXINGTON AVE CITY/ST/ZIP/CO: NEW YORK CITY, NY 10017-	<input checked="" type="checkbox"/> OFFICER	<input 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, SECRETARY PRINTED NAME AND CORPORATE TITLE	11/14/2011 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.