

1.) CORPORATION NAME:

FIDELITY AND GUARANTY INSURANCE COMPANY

DUE DATE: **12/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

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

SCC ID NO: **F0342859**

RICHMOND, VA

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 100,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1089 JORDAN CREEK
SUITE 300

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

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

| | | | |
|-----------------|-----------------------|----------------------------------|--|
| 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 | | |

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

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 | WENDY C SKJERVEN, SECRETARY | 11/24/2015 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | 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.