

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 MAY -1 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 850911 (9)

1. Corporation Name
FIDELITY STANDARD LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address
11365 W OLYMPIC BLVD 11365 W OLYMPIC BLVD
P. O. BOX 92193 *(90009) P. O. BOX 92193 *(90009)
LOS ANGELES CA 90064 LOS ANGELES CA 90064

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/03/1981
3a. Date of Last Report 05/01/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		51-0258372		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip		Country		29		30	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

STATE INSURANCE COMMISSIONER
CAPITAL BLDG.
TALLAHASSEE FL 32399

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent (and title if applicable) NOTE: Registered Agent signature required when reappointed

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEPHAM, ROBERT G.	1.2 NAME	
STREET ADDRESS	11365 W OLYMPIC BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES CA	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, R. BROCK	2.2 NAME	
STREET ADDRESS	11365 W. OLYMPIC BLVD	2.3 STREET ADDRESS	33 YONGE STREET, STE. 600
CITY - ST - ZIP	LOS ANGELES CA	2.4 CITY - ST - ZIP	TO RANTO, ONTARIO CANADA M5E 1S9
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAGLE, JANE F	3.2 NAME	
STREET ADDRESS	11365 W OLYMPIC BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES CA	3.4 CITY - ST - ZIP	
TITLE	VS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARSON, RICHARD C.	4.2 NAME	
STREET ADDRESS	598 LOS ARBOLES	4.3 STREET ADDRESS	
CITY - ST - ZIP	SAN MARINO CA	4.4 CITY - ST - ZIP	
TITLE	C	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKRIGG, MELVIN M.	5.2 NAME	
STREET ADDRESS	11365 W. OLYMPIC BLVD	5.3 STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES CA	5.4 CITY - ST - ZIP	
TITLE	EVP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAYTON, HOWARD H.	6.2 NAME	
STREET ADDRESS	11365 W. OLYMPIC BLVD	6.3 STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES CA	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard C. Pearson 4/25/95 310-312-6100
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
 RICHARD C. PEARSON, SR., V.P., GENERAL COUNSEL & SECRETARY