

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

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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 851129 (7)

1. Corporation Name FIDELITY LIFE INSURANCE COMPANY



Principal Place of Business: 711 HIGH STREET, DES MOINES IA 50392-350, US  
Mailing Address: 711 HIGH STREET, DES MOINES IA 50392-350, US

\* Date of Name Change

3. Date incorporated or Qualified: 06/30/95 \*  
3a. Date of Last Report: 04/14/1995  
4. FEI Number: 42-1165546  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 250 KING OF PRUSSIA RD, Suite, Apt. #, etc.:  
22 City & State: RADNOR PA, Zip: 19087, Country: US  
2a. Mailing Address: 26 250 KING OF PRUSSIA RD, Suite, Apt. #, etc.:  
27 City & State: RADNOR PA, Zip: 19087, Country: US

9. Name and Address of Current Registered Agent: INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301  
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 500001808735 -05/06/96--01028--011 83 City: \*\*\*200.00 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PC	NAME: ROHM, C. E.	1.1 TITLE: PD	TAYLOR, WILLIAM S.
STREET ADDRESS: 711 HIGH ST	CITY-ST-ZIP: DES MOINES IA	1.2 NAME:	250 KING OF PRUSSIA RD
		1.3 STREET ADDRESS:	RADNOR PA 19087
		1.4 CITY-ST-ZIP:	
TITLE: V	NAME: GRISWELL, J. B.	2.1 TITLE: SD	BASHOFF, KENNETH H.
STREET ADDRESS: 711 HIGH ST	CITY-ST-ZIP: DES MOINES IA	2.2 NAME:	250 KING OF PRUSSIA RD
		2.3 STREET ADDRESS:	RADNOR PA 19087
		2.4 CITY-ST-ZIP:	
TITLE: VS	NAME: HOFFMAN, J. N.	3.1 TITLE: AS	WOODBURY, ALAN T.
STREET ADDRESS: 711 HIGH ST.	CITY-ST-ZIP: DES MOINES IA	3.2 NAME:	250 KING OF PRUSSIA RD
		3.3 STREET ADDRESS:	RADNOR PA 19087
		3.4 CITY-ST-ZIP:	
TITLE: VT	NAME: WISGERHOF, J. G.	4.1 TITLE: TD	HARRIS, ROBERT R.
STREET ADDRESS: 711 HIGH ST	CITY-ST-ZIP: DES MOINES IA	4.2 NAME:	250 KING OF PRUSSIA RD
		4.3 STREET ADDRESS:	RADNOR PA 19087
		4.4 CITY-ST-ZIP:	
TITLE: V	NAME: LAMALE, E Z	5.1 TITLE: D	MULLINS, ARTHUR W.
STREET ADDRESS: 711 HIGH ST	CITY-ST-ZIP: DES MOINES IA	5.2 NAME:	250 KING OF PRUSSIA RD
		5.3 STREET ADDRESS:	RADNOR PA 19087
		5.4 CITY-ST-ZIP:	
TITLE: V	NAME: GERSIE, M.H.	6.1 TITLE: D	KULESA, MICHAEL A.
STREET ADDRESS: 711 HIGH ST.	CITY-ST-ZIP: DES MOINES IA	6.2 NAME:	250 KING OF PRUSSIA RD
		6.3 STREET ADDRESS:	RADNOR PA 19087
		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 empowered 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: \_\_\_\_\_ (610) 964-7233

CR2E034 (12/95)

5-1-96

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13. Title: D  
Name: Robinson, Robert L.  
Street Address: 250 King of Prussia Road  
Radnor, PA 19087

Title: D  
Name: Kincaid, Marilyn K.  
Street Address: 250 King of Prussia Road  
Radnor, PA 19087