

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 851129 (7)
 1. Corporation Name
FIDELITY LIFE INSURANCE COMPANY



Principal Place of Business 250 KING OF PRUSSIA RD. RADNOR PA 19087 US	Mailing Address 250 KING OF PRUSSIA RD. RADNOR PA 19087-5220 US
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3. Date Incorporated or Qualified 11/30/1981	3a. Date of Last Report 05/01/1996
4. FEI Number 42-1165546 <i>CHANGED TO 88-2856522</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

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)	
83.	
84. City	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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE#	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, WILLIAM S.	1.2 NAME	
STREET ADDRESS	250 KING OF PRUSSIA RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	RADNOR PA 19087	1.4 CITY - ST - ZIP	
TITLE#	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASHOFF, KENNETH H.	2.2 NAME	
STREET ADDRESS	250 KING OF PRUSSIA RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	RADNOR PA 19087	2.4 CITY - ST - ZIP	
TITLE#	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODBURY, ALAN T.	3.2 NAME	
STREET ADDRESS	250 KING OF PRUSSIA RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	RADNOR PA 19087	3.4 CITY - ST - ZIP	
TITLE#	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, ROBERT R.	4.2 NAME	
STREET ADDRESS	250 KING OF PRUSSIA RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	RADNOR PA 19087	4.4 CITY - ST - ZIP	
TITLE#	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLIN, ARTHUR W	5.2 NAME	
STREET ADDRESS	250 KING OF PRUSSIA	5.3 STREET ADDRESS	
CITY - ST - ZIP	RADNOR PA 19087	5.4 CITY - ST - ZIP	
TITLE#	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KULESA, MICHEAL A.	6.2 NAME	
STREET ADDRESS	250 KING OF PRUSSIA RD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	RADNOR PA 19087	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Robert R. Harris* **REQUIRED** *4/15/97* *(610) 964-7233*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)