

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

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FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90102 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 851129
 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 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 11/30/1981	
4. FEI Number 23-2850522	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TAYLOR, WILLIAM S.	
STREET ADDRESS	250 KING OF PRUSSIA RD.	
CITY-ST-ZIP	RADNOR PA 19087	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BASHOFF, KENNETH H.	
STREET ADDRESS	250 KING OF PRUSSIA RD.	
CITY-ST-ZIP	RADNOR PA 19087	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WOODBURY, ALAN T.	
STREET ADDRESS	250 KING OF PRUSSIA RD.	
CITY-ST-ZIP	RADNOR PA 19087	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HARRIS, ROBERT R.	
STREET ADDRESS	250 KING OF PRUSSIA RD.	
CITY-ST-ZIP	RADNOR PA 19087	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MULLIN, ARTHUR W	
STREET ADDRESS	250 KING OF PRUSSIA	
CITY-ST-ZIP	RADNOR PA 19087	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KULESA, MICHEAL A.	
STREET ADDRESS	250 KING OF PRUSSIA RD.	
CITY-ST-ZIP	RADNOR PA 19087	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: S. Katherine Harris **REQUIRED** 4/12/99 610-964-7086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)