

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

02-06-2002 90007 007 \*\*\*150.00

**DOCUMENT # 851129**

1. Entity 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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>23-2850522</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**INSURANCE COMMISSIONER**  
**THE CAPITOL**  
**TALLAHASSEE FL 32301**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **Robert R. Harris, TREASURER** 1/15/02 410-910-7086  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)