


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 851129 1. Entity Name FIDELITY LIFE INSURANCE COMPANY	
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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**



01192004 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent  CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	<b>DO NOT WRITE IN THIS SPACE</b>
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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. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TAYLOR, WILLIAM S. 250 KING OF PRUSSIA RD. RADNOR, PA 19087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WOODBURY, ALAN T. 250 KING OF PRUSSIA RD. RADNOR, PA 19087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HARRIS, ROBERT R. 250 KING OF PRUSSIA RD. RADNOR, PA 19087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MULLIN, ARTHUR W 250 KING OF PRUSSIA RD. RADNOR, PA 19087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KULESA, MICHEAL A. 250 KING OF PRUSSIA RD. RADNOR, PA 19087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/26/04-80038-024 150.00

**DO NOT WRITE IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert R. Harris 1/21/04 610-9164-7086  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #