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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

97 MAY 6 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02589

(0)

1. Corporation Name

FIDELITY INVESTMENTS LIFE INSURANCE COMPANY

Principal Place of Business

82 DEVONSHIRE STREET
MAIL ZONE R25B
BOSTON MA 02109-0805

Mailing Address

82 DEVONSHIRE STREET
MAIL ZONE R25B
BOSTON MA 02109-3605

3. Date Incorporated or Qualified

07/03/1984

3a. Date of Last Report

03/06/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITAL
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

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

Signature: Type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME JAMEISON, RICHARD D
STREET ADDRESS 82 DEVONSHIRE ST / R25B
CITY - ST - ZIP BOSTON MA

TITLE S ☐ DELETE

NAME PEARLMAN, DAVID J
STREET ADDRESS 82 DEVONSHIRE ST
CITY - ST - ZIP BOSTON MA

TITLE VT ☒ DELETE

NAME KAFANTIS, MICHAEL
STREET ADDRESS 82 DEVONSHIRE ST.
CITY - ST - ZIP BOSTON MA

TITLE D ☐ DELETE

NAME JOHNSON, EDWARD C. III
STREET ADDRESS 82 DEVONSHIRE ST.
CITY - ST - ZIP BOSTON MA

TITLE D ☐ DELETE

NAME BURKHEAD, J. GARY
STREET ADDRESS 82 DEVONSHIRE ST.
CITY - ST - ZIP BOSTON MA

TITLE SVP ☐ DELETE

NAME PEARLMAN, DAVID J.
STREET ADDRESS 82 DEVONSHIRE STREET
CITY - ST - ZIP BOSTON MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☐ Change ☒ Addition

1.2 NAME Richard C. Murphy
1.3 STREET ADDRESS 82 Devonshire Street R25B
1.4 CITY - ST - ZIP Boston, MA 02109-3614

2.1 TITLE T ☐ Change ☒ Addition

2.2 NAME Joseph L. Kurtzer Jr.
2.3 STREET ADDRESS 82 Devonshire Street R25B
2.4 CITY - ST - ZIP Boston, MA 02109-3614

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME 0479994804 022
6.3 STREET ADDRESS
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)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 6660066

CR2E034 (9/96)