

FILED  
Jul 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P02589** (0)  
Corporation Name  
**FIDELITY INVESTMENTS LIFE INSURANCE COMPANY**



Principal Place of Business <b>82 DEVONSHIRE STREET MAIL ZONE R25B BOSTON MA 02109-0605</b>	Mailing Address <b>82 DEVONSHIRE STREET MAIL ZONE R25B BOSTON MA 02109-0605</b>
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DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address		Date Incorporated or Qualified <b>07/03/1984</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		FEI Number <b>23-2164784</b>	
22 City & State		27 City & State		Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		30 This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Name and Address of Current Registered Agent <b>THE FLORIDA INSURANCE COMMISSIONER THE CAPITAL TALLAHASSEE FL 32301</b>		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		<b>FL</b>	

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MURPHY, RICHARD C</b> <b>82 DEVONSHIRE STREET R25B</b> <b>BOSTON MA 02109-3614</b>	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>P/C/D</b> <b>Rohda, Rodney R.</b> <b>82 Devonshire Street R25B</b> <b>Boston, MA 02109-3614</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <b>PEARLMAN, DAVID J</b> <b>82 DEVONSHIRE ST</b> <b>BOSTON MA</b>	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>S</b> <b>PEARLMAN, DAVID J</b> <b>82 DEVONSHIRE ST</b> <b>BOSTON MA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNSON, EDWARD C III</b> <b>82 DEVONSHIRE ST</b> <b>BOSTON MA</b>	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>V</b> <b>Johnson, William J. Jr.</b> <b>82 Devonshire Street R25B</b> <b>Boston, MA 02109-3614</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KURTZER, JOSEPH L JR</b> <b>82 DEVONSHIRE ST</b> <b>BOSTON FL 02109-3614</b>	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>V/T</b> <b>KURTZER, JOSEPH L JR</b> <b>82 DEVONSHIRE ST</b> <b>BOSTON MA 02109-3614</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BURKHEAD, J. GARY</b> <b>82 DEVONSHIRE ST.</b> <b>BOSTON MA</b>	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>SVP</b> <b>Calzetti-Spahr, Melanie A.</b> <b>82 Devonshire Street R25B</b> <b>Boston, MA 02109-3614</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>V</b> <b>Bright, Tai S.</b> <b>82 Devonshire Street R25B</b> <b>Boston, MA 02109-3614</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

CR2E034 (10/97)