

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90016 036 ***550.00

DOCUMENT # P02589

1. Corporation Name

FIDELITY INVESTMENTS LIFE INSURANCE COMPANY



Principal Place of Business

82 DEVONSHIRE STREET
MAIL ZONE R25B
BOSTON MA 02109-0605

Mailing Address

82 DEVONSHIRE STREET
MAIL ZONE R25B
BOSTON MA 02109-0605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1984

4. FEI Number

23-2164784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 **MAIL ZONE R27A**

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 **MAIL ZONE R27A**

28 City & State

29 Zip Country

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☐ DELETE
NAME **MURPHY, RICHARD C**
STREET ADDRESS **82 DEVONSHIRE STREET R25B**
CITY-ST-ZIP **BOSTON MA 02109-3614**

TITLE **S** ☐ DELETE
NAME **PEARLMAN, DAVID J**
STREET ADDRESS **82 DEVONSHIRE STREET**
CITY-ST-ZIP **BOSTON MA 02109-0605**

TITLE **D** ☐ DELETE
NAME **JOHNSON, EDWARD C III**
STREET ADDRESS **82 DEVONSHIRE STREET**
CITY-ST-ZIP **BOSTON MA 02109-0605**

TITLE **V/T** ☐ DELETE
NAME **KURTZER, JOSEPH L JR**
STREET ADDRESS **82 DEVONSHIRE ST**
CITY-ST-ZIP **BOSTON MA 02109-3614**

TITLE **D** ☐ DELETE
NAME **BURKHEAD, J. GARY**
STREET ADDRESS **82 DEVONSHIRE STREET**
CITY-ST-ZIP **BOSTON MA 02109-0605**

TITLE **D** ☐ DELETE
NAME **BRIGHT, TAI S**
STREET ADDRESS **82 DEVONSHIRE STREET R25B**
CITY-ST-ZIP **BOSTON MA 02109-0605**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH L. KURTZER, JR

5/11/99

(617) 563-9153

Date

Daytime Phone #

CR2E034 (11/98)