

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2006 8:00 am
Secretary of State

08-17-2006 90001 009 ***550.00

DOCUMENT # P02589

1. Entity Name
FIDELITY INVESTMENTS LIFE INSURANCE COMPANY



Principal Place of Business
**82 DEVONSHIRE STREET
MAIL ZONE V12A
BOSTON, MA 02109**

Mailing Address
**82 DEVONSHIRE STREET
MAIL ZONE V12A
BOSTON, MA 02109**

50025342



02142006 Chg-P CR2E034 (11/05)

4. FEI Number
23-2164784

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$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**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	HOPE, JOSEPH F	
STREET ADDRESS	82 DEVONSHIRE ST. V12A	
CITY-ST-ZIP	BOSTON, MA 02109	
TITLE	S	<input type="checkbox"/> Delete
NAME	PEARLMAN, DAVID J	
STREET ADDRESS	ONE DESTINY WAY	
CITY-ST-ZIP	WESTLAKE, TX 76262	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, EDWARD C III	
STREET ADDRESS	82 DEVONSHIRE ST F5A	
CITY-ST-ZIP	BOSTON, MA 021090605	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	KURTZER, JOSEPH L JR	
STREET ADDRESS	82 DEVONSHIRE ST. V12A	
CITY-ST-ZIP	BOSTON, MA 021093614	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRIGHT, TAI S	
STREET ADDRESS	82 DEVONSHIRE ST. V12A	
CITY-ST-ZIP	BOSTON, MA 021090605	
TITLE	P	<input type="checkbox"/> Delete
NAME	RICHER, CLARE S	
STREET ADDRESS	82 DEVONSHIRE ST. V12A	
CITY-ST-ZIP	BOSTON, MA 02109	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CFO
STREET ADDRESS	Golino, David A.
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Skillman, Jon J.
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

Joseph F. Hope III Feb. 23, 2006 617-536-6679

SIGNATURE:

Joseph F. Hope III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #