2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2011
Secretary of State

DOCUMENT# P02589

Entity Name: FIDELITY INVESTMENTS LIFE INSURANCE COMPANY

Current Principal Place of Business:

82 DEVONSHIRE STREET
MAILZONE V5A
BOSTON, MA 02109

New Principal Place of Business:

Current Mailing Address:

82 DEVONSHIRE STREET
MAILZONE V5A
BOSTON, MA 02109

New Mailing Address:

FEI Number: 23-2164784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T
Name: MEI, MILES
Address: 82 DEVONSHIRE ST., V5A
City-St-Zip: BOSTON, MA 02109

Title: S
Name: SHEA, EDWARD M
Address: 68 DEVONSHIRE ST.
City-St-Zip: BOSTON, MA 02109

Title: D
Name: JOHNSON, EDWARD C III
Address: 82 DEVONSHIRE ST F5A
City-St-Zip: BOSTON, MA 021090605

Title: CFO
Name: GOLINO, DAVID A
Address: 82 DEVONSHIRE ST., V5A
City-St-Zip: BOSTON, MA 02109

Title: P
Name: CIMINI, JEFFREY K
Address: 82 DEVONSHIRE ST., V5A
City-St-Zip: BOSTON, MA 02109

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MILES MEI T 02/21/2011

Electronic Signature of Signing Officer or Director — Date