

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90470 003 ***150.00

DOCUMENT # P02589

1. Entity Name
FIDELITY INVESTMENTS LIFE INSURANCE COMPANY



Principal Place of Business
**82 DEVONSHIRE STREET
MAIL ZONE R27A
BOSTON MA 02109-0605**

Mailing Address
**82 DEVONSHIRE STREET
MAIL ZONE R27A
BOSTON MA 02109-0605**

2. Principal Place of Business

3. Mailing Address

82 Devonshire St. H4C

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Mailzone H4C

City & State

City & State

Boston, MA

Zip

Country

Zip

Country

02109-0605

Suffolk

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

7. Name and Address of New Registered Agent

**THE FLORIDA INSURANCE COMMISSIONER
THE CAPITAL
TALLAHASSEE FL 32301**

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T
NAME **HOPE, JOSEPH F.** ☐ Delete
STREET ADDRESS **82 DEVONSHIRE STREET R27A**
CITY-ST-ZIP **BOSTON MA 02109**

☒ Change ☐ Addition
NAME
STREET ADDRESS **82 Devonshire St. H4C**
CITY-ST-ZIP **Boston, MA 02109**

S
NAME **PEARLMAN, DAVID J** ☐ Delete
STREET ADDRESS **ONE DESTINY WAY**
CITY-ST-ZIP **WESTLAKE TX 76262**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

D
NAME **JOHNSON, EDWARD C III** ☐ Delete
STREET ADDRESS **82 DEVONSHIRE ST F5A**
CITY-ST-ZIP **BOSTON MA 02109-0605**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

SVP
NAME **KURTZER, JOSEPH L JR** ☐ Delete
STREET ADDRESS **82 DEVONSHIRE ST R27A**
CITY-ST-ZIP **BOSTON MA 02109-3614**

☒ Change ☐ Addition
NAME
STREET ADDRESS **82 Devonshire St. H4C**
CITY-ST-ZIP **Boston, MA 02109**

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

☒ Change ☐ Addition
NAME
STREET ADDRESS **82 Devonshire St. H4C**
CITY-ST-ZIP **Boston, MA 02109**

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/03

Date

617-663-6679

Daytime Phone #