

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02589

Entity Name: FIDELITY INVESTMENTS LIFE INSURANCE COMPANY**Current Principal Place of Business:**49 NORTH 400 WEST, 6TH FLOOR
SALT LAKE CITY, UT 84101**Current Mailing Address:**100 SALEM STREET
MAILZONE O2N
SMITHFIELD, RI 02917 US**FEI Number:** 23-2164784**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOOD, BRENDAN
FLORIDA DEPARTMENT OF FINANCIAL SERVICES
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US*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:** BRENDAN GOOD

02/18/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	MEI, MILES
Address	100 SALEM STREET., O2N
City-State-Zip:	SMITHFIELD RI 02917

Title	CFO
Name	GOLINO, DAVID A
Address	100 SALEM STREET, O2N
City-State-Zip:	SMITHFIELD RI 02917

Title	SECRETARY
Name	SHEA, EDWARD M
Address	100 SALEM STREET, O2N
City-State-Zip:	SMITHFIELD RI 02917

Title	PRESIDENT
Name	TARAPOREVALA, CYRUS
Address	245 SUMMER STREET MAIL ZONE V5A
City-State-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

TREASURER

02/18/2014

Electronic Signature of Signing Officer/Director Detail

Date