

**2017 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, 02N  
SMITHFIELD, RI 02917**FEI Number:** 23-2164784**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WARRICK, LANCE  
PO-BOX 6200 (32314-6200)  
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:** LANCE WARRICK

01/11/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TREASURER
Name	MEI, MILES
Address	100 SALEM STREET., 02N
City-State-Zip:	SMITHFIELD RI 02917

Title	SECRETARY, GENERAL COUNSEL
Name	WARRICK, LANCE ALDAN
Address	100 SALEM STREET, 02N
City-State-Zip:	SMITHFIELD RI 02917

Title	CFO
Name	GOLINO, DAVID A
Address	100 SALEM STREET, 02N
City-State-Zip:	SMITHFIELD RI 02917

Title	PRESIDENT
Name	JOHNSON, WILLIAM JOSEPH
Address	100 SALEM STREET, 02N
City-State-Zip:	SMITHFIELD RI 02917

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

01/11/2017

Electronic Signature of Signing Officer/Director Detail

Date