

2013 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:**CHIEF FINANCIAL OFFICER
P O 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:**_____
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	SECRETARY
Name	SHEA, EDWARD M
Address	100 SALEM STREET, O2N
City-State-Zip:	SMITHFIELD RI 02917

Title	CHAIRMAN
Name	JOHNSON III, EDWARD C
Address	82 DEVONSHIRE ST, F5A
City-State-Zip:	BOSTON MA 02109-0605

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

Title	PRESIDENT
Name	MURPHY, KATHLEEN A
Address	100 SALEM STREET, O2N
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

01/18/2013

Electronic Signature of Signing Officer/Director Detail_____
Date