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Jan 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 850911 (9)  
1. Corporation Name:  
FIDELITY STANDARD LIFE INSURANCE COMPANY



Principal Place of Business Mailing Address  
11365 W OLYMPIC BLVD 11365 W OLYMPIC BLVD  
P. O. BOX 82183 \*(90009) P. O. BOX 82183 \*(90009)  
LOS ANGELES CA 90064 LOS ANGELES CA 90064-1606

3. Date Incorporated or Qualified 11/03/1981 3a. Date of Last Report 02/12/1996  
4. FEI Number 51-0258372 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER  
CAPITAL BLDG.  
TALLAHASSEE FL 32399

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature: Typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME MEPHAM, ROBERT G.  
STREET ADDRESS 11365 W OLYMPIC BLVD  
CITY - ST - ZIP LOS ANGELES CA  
TITLE C ☐ DELETE  
NAME ARMSTRONG, R. BROCK  
STREET ADDRESS 33 YOUNG STREET, STE. 600  
CITY - ST - ZIP TORONTO ON  
TITLE VP ☐ DELETE  
NAME EAGLE, JANE F  
STREET ADDRESS 11365 W OLYMPIC BLVD  
CITY - ST - ZIP LOS ANGELES CA  
TITLE VS ☐ DELETE  
NAME PEARSON, RICHARD C.  
STREET ADDRESS 598 LOS ARBOLES  
CITY - ST - ZIP SAN MARINO CA  
TITLE D ☐ DELETE  
NAME HAWKRIGG, MELVIN M.  
STREET ADDRESS 11365 W. OLYMPIC BLVD  
CITY - ST - ZIP LOS ANGELES CA  
TITLE EVP ☐ DELETE  
NAME KAYTON, HOWARD H.  
STREET ADDRESS 11365 W. OLYMPIC BLVD  
CITY - ST - ZIP LOS ANGELES CA

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)