

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2006 8:00 am
Secretary of State

08-17-2006 90001 009 ***550.00

DOCUMENT # P02589

1. Entity Name
FIDELITY INVESTMENTS LIFE INSURANCE COMPANY



Principal Place of Business
**82 DEVONSHIRE STREET
MAIL ZONE V12A
BOSTON, MA 02109**

Mailing Address
**82 DEVONSHIRE STREET
MAIL ZONE V12A
BOSTON, MA 02109**

50025342



02142006 Chg-P CR2E034 (11/05)

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

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

7. Name and Address of New Registered Agent

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOPE, JOSEPH F 82 DEVONSHIRE ST. V12A BOSTON, MA 02109 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEARLMAN, DAVID J ONE DESTINY WAY WESTLAKE, TX 76262 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, EDWARD C III 82 DEVONSHIRE ST F5A BOSTON, MA 021090605 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP KURTZER, JOSEPH L JR 82 DEVONSHIRE ST. V12A BOSTON, MA 021093614 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRIGHT, TAI S 82 DEVONSHIRE ST. V12A BOSTON, MA 021090605 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHER, CLARE S 82 DEVONSHIRE ST. V12A BOSTON, MA 02109 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition CFO Golino, David A.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Skillman, Jon J.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

Joseph F. Hope III Feb. 23, 2006 617-536-6679

SIGNATURE:

Joseph F. Hope III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #