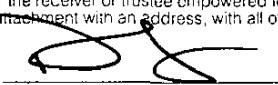


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90198 011 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            |                                                                                                                        |                                                                                                                                                                                                                                       |                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P02589</b><br>1. Entity Name<br><b>FIDELITY INVESTMENTS LIFE INSURANCE COMPANY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                        |                                                                                                                                                                                                                                       |                |  |
| Principal Place of Business<br><b>82 DEVONSHIRE STREET</b><br><b>MAIL ZONE V12A</b><br><b>BOSTON, MA 02109</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                                                                                                        | Mailing Address<br><b>82 DEVONSHIRE STREET</b><br><b>MAIL ZONE V12A</b><br><b>BOSTON, MA 02109</b>                                                                                                                                    |                                                                                                 |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>82 Devonshire Street</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | 3. Mailing Address<br><b>82 Devonshire Street</b>                                                                      |                                                                                                                                                                                                                                       |                                                                                                 |  |
| Suite, Apt. #, etc.<br><b>Mailzone V5A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            | Suite, Apt. #, etc.<br><b>Mailzone V5A</b>                                                                             |                                                                                                                                                                                                                                       |                                                                                                 |  |
| City & State<br><b>Boston , MA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            | City & State<br><b>Boston , MA</b>                                                                                     |                                                                                                                                                                                                                                       | 4. FEI Number<br><b>23-2164784</b>                                                              |  |
| Zip<br><b>02109</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            | Country<br><b>US</b>                                                                                                   |                                                                                                                                                                                                                                       | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CHIEF FINANCIAL OFFICER</b><br><b>P O BOX 6200 (32314-6200)</b><br><b>200 E. GAINES ST</b><br><b>TALLAHASSEE, FL 32399-0000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                                                                                        | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                                 |  |
| 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.<br><br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent also filed if applicable. (NOTE: Registered Agent signature required when reinsurance)</small>                                                                                                                                                                                                                |                                                                            |                                                                                                                        |                                                                                                                                                                                                                                       |                                                                                                 |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                                       |                                                                                                 |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                 |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | T<br>GOLINO, DAVID A<br>82 DEVONSHIRE ST., V5A<br>BOSTON, MA 02109         | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | S<br>PEARLMAN, DAVID J<br>ONE DESTINY WAY<br>WESTLAKE, TX 76262            | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D<br>JOHNSON, EDWARD C III<br>82 DEVONSHIRE ST F5A<br>BOSTON, MA 021090605 | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CFO<br>GOLINO, DAVID A<br>82 DEVONSHIRE ST., V5A<br>BOSTON, MA 02109       | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | V<br>CIMINI, JEFFREY K<br>82 DEVONSHIRE ST., V5A<br>BOSTON, MA 02109       | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | P<br>SKILLMAN, JON J<br>82 DEVONSHIRE ST., V5A<br>BOSTON, MA 02109         | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| 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. |                                                                            |                                                                                                                        |                                                                                                                                                                                                                                       |                                                                                                 |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                                                                                                        | <b>David A. Golino</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                           |                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            |                                                                                                                        | <b>Jan. 25, 2008 (617) 392-8963</b><br><small>Date Daytime Phone #</small>                                                                                                                                                            |                                                                                                 |  |