2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02589

1. Entity Name
FIDELITY INVESTMENTS LIFE INSURANCE COMPANY

FILED
09 FEB 19 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01162008 Chg-P CR2E034 (12/06)

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

2. Principal Place of Business - No P O Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GOLINO, DAVID A 82 DEVONSHIRE ST., V5A BOSTON, MA 02109	☒ Delete	T Miles Mei 82 Devonshire St., V5A ~~Boston, Ma 02109~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PEARLMAN, DAVID J ONE DESTINY WAY WESTLAKE, TX 76262	☐ Delete	700144011717 02/19/09--01036--010 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, EDWARD C III 82 DEVONSHIRE ST F5A BOSTON, MA 021090605	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO GOLINO, DAVID A 82 DEVONSHIRE ST., V5A BOSTON, MA 02109	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CIMINI, JEFFREY K 82 DEVONSHIRE ST., V5A BOSTON, MA 02109	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SKILLMAN, JON J 82 DEVONSHIRE ST., V5A BOSTON, MA 02109	☐ Delete		☐ Change ☐ 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: _____ 1/29/2009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #