

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Apr 04 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 # 836536 (3)**  
1. Corporation Name  
**FIDELITY SOUTHERN INSURANCE COMPANY**



Principal Place of Business Mailing Address  
**62 MAPLE AVE P O BOX 507 KEENE NH 03431**  
**62 MAPLE AVE P O BOX 507 KEENE NH 03431-0507**

3. Date Incorporated or Qualified **06/16/1976** 3a. Date of Last Report **02/09/1996**  
4. FEI Number **74-1276508** 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 **501 W I-44 Service Rd** 21 **501 W I-44 Service Rd**  
Suite, Apt #, etc. Suite, Apt #, etc.  
22 **Suite 400** 27 **Suite 400**  
City & State City & State  
23 **Oklahoma City, OK** 28 **Oklahoma City, OK**  
Zip Country Zip Country  
24 **73118** 25 Country 29 **73118** 30 Country

9. Name and Address of Current Registered Agent  
**STATE INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PD	BELL, RICHART T	62 MAPLE AVENUE	KEENE NH	<input checked="" type="checkbox"/>
CEO	JEAN, ROGER L	62 MAPLE AVE	KEENE NH	<input checked="" type="checkbox"/>
VD	PAGNOZZI, RICHARD D	62 MAPLE AVE	KEENE NH	<input checked="" type="checkbox"/>
STD	TRACEY, JOSEPH P	62 MAPLE AVE	KEENE NH	<input checked="" type="checkbox"/>
VD	MCCAGUE, WILLIAM L II	62 MAPLE AVENUE	KEENE NH	<input checked="" type="checkbox"/>
VD	FULWOOD, STEVEN A	4600 PARK RD., STE. 500	CHARLOTTE NC	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED	ADDITION
PD	Prater, Charles T	501 W I-44 Service Rd, Suite 400	Oklahoma City, OK 73118	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Vlach, Robert B	4001 McEwen Drive, Suite 200	Dallas, TX 75244	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	Palacios, Connie	4001 McEwen Drive, Suite 200	Dallas, TX 75244	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	Woelke, Vernon R	4001 McEwen Drive, Suite 200	Dallas, TX 75244	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	Clingman, Michael J	501 W I-44 Service Rd, Suite 400	Oklahoma City, OK 73118	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Willingham, Sheryl K	501 W I-44 Service Rd, Suite 400	Oklahoma City, OK 73118	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: *Charles T. Prater* Charles Prater Date: 2-24-97 (405) 848-0179  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)