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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 836536

1. Corporation Name

FIDELITY FIRST INSURANCE COMPANY



Principal Place of Business
**501 W I-44 SERVICE
#400
OKLAHOMA CITY OK 73118
US**

Mailing Address
**501 W I-44 SERVICE ROAD
#400
OKLAHOMA CITY OK 73118
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
06/16/1976

4. FEI Number
75-2667578

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 owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	PRATER, CHARLES T	501 W I-44 SERVICE RD, #400	OKLAHOMA CITY OK	<input type="checkbox"/>
SD	VLACH, ROBERT B	4001 MCEWEN DRIVE, #200	DALLAS TX	<input type="checkbox"/>
TD	PALACIOS, CONNIE	4001 MCEWEN DR, #200	DALLAS TX	<input type="checkbox"/>
VD	WOELKE, VERNON R	4001 MCEWEN DR, #200	DALLAS TX	<input type="checkbox"/>
VD	CLINGMAN, MICHAEL J	501 W I-44 SERVICE RD, #400	OKLAHOMA CITY OK	<input type="checkbox"/>
D	WILLINGHAM, SHERYL K	501 W I-44 SERVICE ROAD, #400	OKLAHOMA CITY OK	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	McLemore, Michael A.	501 W. I-44 Service Rd., Ste 400	Okla. City, OK 73118	<input type="checkbox"/>
D	Estell, Richard J	4001 McEwen Drive, Ste 200	Dallas, TX 75244	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles T. Prater, President (405) 848-0179

Date

Daytime Phone #

CR2E034 (11/98)