

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90175 013 \*\*\*150.00

**DOCUMENT # 836536**

1. Entity Name

**FIDELITY FIRST INSURANCE COMPANY**

Principal Place of Business

Mailing Address

501 W I-44 SERVICE  
 #400  
 OKLAHOMA CITY OK 73118  
 US

501 W I-44 SERVICE ROAD  
 #400  
 OKLAHOMA CITY OK 73118-6054  
 US

000100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**75-2667578**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**STATE INSURANCE COMMISSIONER  
 CAPITOL BUILDING  
 TALLAHASSEE FL 32304**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PRATER, CHARLES T	
STREET ADDRESS	501 W I-44 SERVICE RD, #400	
CITY-ST-ZIP	OKLAHOMA CITY OK	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VLACH, ROBERT B	
STREET ADDRESS	4001 MCEWEN DRIVE, #200	
CITY-ST-ZIP	DALLAS TX	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PALACIOS, CONNIE	
STREET ADDRESS	4001 MCEWEN DR, #200	
CITY-ST-ZIP	DALLAS TX	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WOELKE, VERNON R	
STREET ADDRESS	4001 MCEWEN DR, #200	
CITY-ST-ZIP	DALLAS TX	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CLINGMAN, MICHAEL J	
STREET ADDRESS	501 W I-44 SERVICE RD, #400	
CITY-ST-ZIP	OKLAHOMA CITY OK	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCLEMORE, MICHAEL A	
STREET ADDRESS	501 W I 44 SERVICE RD, STE 400	
CITY-ST-ZIP	OKLAHOMA CITY OK 73118	

TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reed, Glenn William	
STREET ADDRESS	4001 McEwen Dr, #200	
CITY-ST-ZIP	Dallas, TX	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles T. Prater*

Charles T. Prater  
 President

03/27/2000

(405) 848-0179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)