

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90013 007 ***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
 US

549844



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1331 W. Memorial Rd.

1331 W. Memorial Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 112

Suite 112

City & State

City & State

Oklahoma City, OK

Oklahoma City, OK

4. FEI Number **75-2667578**

Applied For

Not Applicable

Zip

Country

Zip

Country

73114

US

73114

US

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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 checked="" 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 checked="" 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 checked="" 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	VD	<input type="checkbox"/> Delete
NAME	REED, GLENN W	
STREET ADDRESS	4001 MCEWEN DR #200	
CITY-ST-ZIP	DALLAS TX	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Myhra, Phillip J	
STREET ADDRESS	9151 Grapevine Hwy.	
CITY-ST-ZIP	North Richland Hills, TX 86180	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Simpson, Peggy G.	
STREET ADDRESS	4001 McEwen Drive, #200	
CITY-ST-ZIP	Dallas, TX 75244	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arnold, Steven K.	
STREET ADDRESS	4001 McEwen Drive, #200	
CITY-ST-ZIP	Dallas, TX 75244	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1331 W. Memorial Rd.	
CITY-ST-ZIP	Oklahoma City, OK 73114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Michael J. Clingman

04/30/01

(405) 848-0179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)