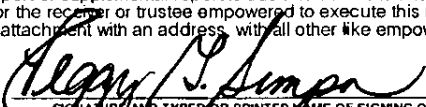


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90090 007 ***150.00

DOCUMENT # 836536 1. Entity Name FIDELITY FIRST INSURANCE COMPANY					
Principal Place of Business 1331 W. MEMORIAL RD. SUITE 112 OKLAHOMA CITY OK 73114 US			Mailing Address 1331 W. MEMORIAL RD. SUITE 112 OKLAHOMA CITY OK 73114 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 75-2667578	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MYHRA, PHILLIP J		NAME		
STREET ADDRESS	9151 GRAPEVINE HWY.		STREET ADDRESS		
CITY-ST-ZIP	N. RICHLAND HILLS TX 86180		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMPSON, PEGGY G		NAME		
STREET ADDRESS	9151 GRAPEVINE HWY		STREET ADDRESS		
CITY-ST-ZIP	N. RICHLAND HILLS TX 86180		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PALACIOS, CONNIE		NAME		
STREET ADDRESS	9151 GRAPEVINE HWY		STREET ADDRESS		
CITY-ST-ZIP	N. RICHLAND HILLS TX 86180		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAUPTMAN, MARK D		NAME		
STREET ADDRESS	9151 GRAPEVINE HWY		STREET ADDRESS		
CITY-ST-ZIP	N. RICHLAND HILLS TX 86180		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	THOMAS, ROBERT J JR		NAME	VD	
STREET ADDRESS	1331 W MEMORIAL RD STE 112		STREET ADDRESS	Duke, Derrick A.	
CITY-ST-ZIP	OKLAHOMA CITY OK 73114		CITY-ST-ZIP	9151 grapevine Highway	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REED, GLENN W		NAME		
STREET ADDRESS	9151 GRAPEVINE HWY		STREET ADDRESS	N. Richland Hills, TX 86180	
CITY-ST-ZIP	N. RICHLAND HILLS TX 86180		CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Peggy G. Simpson 2/22/05 817-255-5200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		