

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90074 048 ***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**

40019500



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

02102006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number: **75-2667578**
 Applied For: Not Applicable:

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

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$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
NAME	MYHRA, PHILLIP J	
STREET ADDRESS	9151 GRAPEVINE HWY.	
CITY-ST-ZIP	N. RICHLAND HILLS, TX 86180	
TITLE	S	<input type="checkbox"/> Delete
NAME	SIMPSON, PEGGY G	
STREET ADDRESS	9151 GRAPEVINE HWY	
CITY-ST-ZIP	N. RICHLAND HILLS, TX 86180	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PALACIOS, CONNIE	
STREET ADDRESS	9151 GRAPEVINE HWY	
CITY-ST-ZIP	N. RICHLAND HILLS, TX 86180	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAUPTMAN, MARK D	
STREET ADDRESS	9151 GRAPEVINE HWY	
CITY-ST-ZIP	N. RICHLAND HILLS, TX 86180	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DUKE, DERRICK A	
STREET ADDRESS	9151 GRAPEVINE HIGHWAY	
CITY-ST-ZIP	N RICHLAND HILLS, TX 86180	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REED, GLENN W	
STREET ADDRESS	9151 GRAPEVINE HWY	
CITY-ST-ZIP	N. RICHLAND HILLS, TX 86180	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYHRA, PHILLIP J.	
STREET ADDRESS	9151 BOULEVARD 26	
CITY-ST-ZIP	N. RICHLAND HILLS, TX 76180	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, PEGGY G	
STREET ADDRESS	9151 BOULEVARD 26	
CITY-ST-ZIP	N. RICHLAND HILLS, TX 76180	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALACIOS, CONNIE	
STREET ADDRESS	9151 BOULEVARD 26	
CITY-ST-ZIP	N. RICHLAND HILLS, TX 76180	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUPTMAN, MARK D	
STREET ADDRESS	9151 BOULEVARD 26	
CITY-ST-ZIP	N. RICHLAND HILLS, TX 76180	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUKE, DERRICK A	
STREET ADDRESS	9151 BOULEVARD 26	
CITY-ST-ZIP	N. RICHLAND HILLS, TX 76180	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, GLENN W	
STREET ADDRESS	9151 BOULEVARD 26	
CITY-ST-ZIP	N. RICHLAND HILLS, TX 76180	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **Peggy G. Simpson** 2/26/06 817-255-5200
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #