
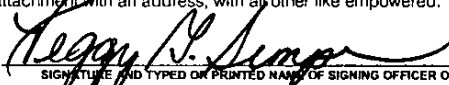


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 75-2667578			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				7. Name and Address of New Registered Agent 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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MYHRA, PHILLIP J 9151 GRAPEVINE HWY. N. RICHLAND HILLS, TX 86180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MYHRA, PHILLIP J 9151 BOULEVARD 26 N. RICHLAND HILLS, TX 76180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIMPSON, PEGGY G 9151 GRAPEVINE HWY N. RICHLAND HILLS, TX 86180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIMPSON, PEGGY G 9151 BOULEVARD 26 N. RICHLAND HILLS, TX 76180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PALACIOS, CONNIE 9151 GRAPEVINE HWY N. RICHLAND HILLS, TX 86180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PALACIOS, CONNIE 9151 BOULEVARD 26 N. RICHLAND HILLS, TX 76180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAUPTMAN, MARK D 9151 GRAPEVINE HWY N. RICHLAND HILLS, TX 86180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAUPTMAN, MARK D 9151 BOULEVARD 26 N. RICHLAND HILLS, TX 76180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUKE, DERRICK A 9151 GRAPEVINE HIGHWAY N. RICHLAND HILLS, TX 86180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUKE, DERRICK A 9151 BOULEVARD 26 N. RICHLAND HILLS, TX 76180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REED, GLENN W 9151 GRAPEVINE HWY N. RICHLAND HILLS, TX 86180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REED, GLENN W 9151 BOULEVARD 26 N. RICHLAND HILLS, TX 76180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 2/26/06 817-255-5200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					