

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 836536**

1. Entity Name  
**FIDELITY FIRST INSURANCE COMPANY**



Principal Place of Business  
**3600 NW 138TH STREET  
SUITE 100  
OKLAHOMA CITY, OK 73134 US**

Mailing Address  
**3600 NW 138TH STREET  
SUITE 100  
OKLAHOMA CITY, OK 73134 US**



02112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**75-2667578**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**DO NOT WRITE  
IN THIS SPACE**

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

*M/A*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	GEDWED, WILLIAM J
STREET ADDRESS	9151 BLVD 26
CITY-ST-ZIP	NORTH RICHLAND HILLS, TX 76180
TITLE	S
NAME	SIMPSON, PEGGY G
STREET ADDRESS	9151 BLVD 26
CITY-ST-ZIP	NORTH RICHLAND HILLS, TX 76180
TITLE	TD
NAME	PALACIOS, CONNIE
STREET ADDRESS	9151 BLVD 26
CITY-ST-ZIP	NORTH RICHLAND HILLS, TX 76180
TITLE	VD
NAME	HAUPTMAN, MARK D
STREET ADDRESS	9151 BLVD 26
CITY-ST-ZIP	NORTH RICHLAND HILLS, TX 76180
TITLE	VD
NAME	DUKE, DERRICK A
STREET ADDRESS	9151 BLVD 26
CITY-ST-ZIP	NORTH RICHLAND HILLS, TX 76180
TITLE	VD
NAME	PLATO, JAMES N
STREET ADDRESS	9151 BLVD 26
CITY-ST-ZIP	NORTH RICHLAND HILLS, TX 76180

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02/29/08-80006-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/08

James N. Plato, V. President

Date

Daytime Phone #