

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90853 026 ***150.00

0853038
AT

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



CHECK HERE IF MAKING CHANGES

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
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304**

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 _____
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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	4001 MCEWEN DRIVE, #200	
CITY-ST-ZIP	DALLAS TX 75244	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PALACIOS, CONNIE	
STREET ADDRESS	4001 MCEWEN DR, #200	
CITY-ST-ZIP	DALLAS TX	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ARNOLD, STEVEN K	
STREET ADDRESS	4001 MCEWEN DRIVE, #200	
CITY-ST-ZIP	DALLAS TX 75244	
TITLE	V	<input type="checkbox"/> Delete
NAME	THOMAS, ROBERT J JR	
STREET ADDRESS	1331 W MEMORIAL RD STE 112	
CITY-ST-ZIP	OKLAHOMA CITY OK 73114	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REED, GLENN W	
STREET ADDRESS	4001 MCEWEN DR #200	
CITY-ST-ZIP	DALLAS TX	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** Robert J Thomas, Jr. 2-24-03 (405) 848-0179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)