

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 10 PM 12:48:30

DOCUMENT # **P02365** (5)

1. Corporation Name

CHRISTIAN FIDELITY LIFE INSURANCE COMPANY

Principal Place of Business

2001 BATES DRIVE
WAXAHACHIE TX 75165-4801
US

Mailing Address

2001 BATES DRIVE
WAXAHACHIE TX 75165-4801
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/12/1984** 3a. Date of Last Report **02/24/1994**

4. FEI Number **74-0483480** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

| | | | |
|--------------------------------|---|---------------------|---|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | 2001 Bates Drive Suite, Apt. #, etc. | 25 | 2001 Bates Drive Suite, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip Country | 28 | Zip Country |
| 24 | 25 | 29 | 30 |

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

| | |
|----|--|
| B1 | Name |
| B2 | Street Address (P.O. Box Number is Not Acceptable) |
| B3 | |
| B4 | City |
| B5 | Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|--|
| TITLE | CD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STRAHAN, JAMES O. | 1.2 NAME | |
| STREET ADDRESS | 2001 BATES DRIVE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | WAXAHACHIE TX | 1.4 CITY - ST - ZIP | |
| TITLE | PD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARNETT, C. LAWRENCE | 2.2 NAME | |
| STREET ADDRESS | 2001 BATES DRIVE | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | WAXAHACHIE TX | 2.4 CITY - ST - ZIP | |
| TITLE | STD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STAFFORD, A. GAY | 3.2 NAME | |
| STREET ADDRESS | 2001 BATES DRIVE | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | WAXAHACHIE TX | 3.4 CITY - ST - ZIP | |
| TITLE | V | 4.1 TITLE | V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARNETT, DAVID W. | 4.2 NAME | |
| STREET ADDRESS | 2001 BATES DRIVE | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | WAXAHACHIE TX | 4.4 CITY - ST - ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BERRY, WILLIS E. | 5.2 NAME | |
| STREET ADDRESS | 2001 BATES DRIVE | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | WAXAHACHIE TX | 5.4 CITY - ST - ZIP | |
| TITLE | D | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRIDGES, JAMES K. | 6.2 NAME | |
| STREET ADDRESS | 2001 BATES DRIVE | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | WAXAHACHIE TX | 6.4 CITY - ST - ZIP | Deletion |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *C. Lawrence Barnett* C. Lawrence Barnett 03/02/95 (214) 937-4420
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Telephone #

CHRISTIAN FIDELITY LIFE INSURANCE COMPANY

Board of Directors & Officers (Cont.)

Wesley L. Bruce
2001 Bates Drive
Waxahachie, Texas 75165

D

George M. Flattery
2001 Bates Drive
Waxahachie, Texas 75165

D

Klaude Kendrick
2001 Bates Drive
Waxahachie, Texas 75165

D

Mae Delle Kirk
2001 Bates Drive
Waxahachie, Texas 75165

V

Richard D. Strahan
2001 Bates Drive
Waxahachie, Texas 75165

D

Ralph Swallow
2001 Bates Drive
Waxahachie, Texas 75165

D

John W. Warrick
2001 Bates Drive
Waxahachie, Texas 75165

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