

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

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**Apr 30 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P02365 (5)**  
1. Corporation Name  
**CHRISTIAN FIDELITY LIFE INSURANCE COMPANY**



Principal Place of Business: **2001 BATES DRIVE WAXAHACHIE TX 75167-4801 US**  
Mailing Address: **2001 BATES DRIVE WAXAHACHIE TX 75167-4801 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/12/1984</b>	
21		26		4. FEI Number <b>74-0483480</b>	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	<b>FL</b> 85. 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

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

14. 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 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: \_\_\_\_\_ DATE: **04/22/98** (072) 027 4420

CR2E034 (10/97)

CHRISTIAN FIDELITY LIFE INSURANCE COMPANY

Board of Directors (Cont.)

George M. Flattery  
2001 Bates Drive  
Waxahachie, Texas 75167

D

Klaude Kendrick  
2001 Bates Drive  
Waxahachie, Texas 75167

D

Richard D. Strahan  
2001 Bates Drive  
Waxahachie, Texas 75167

D

Ralph L. Swallow  
2001 Bates Drive  
Waxahachie, Texas 75167

D

John W. Warrick  
2001 Bates Drive  
Waxahachie, Texas 75167

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