P02365 DOCUMENT # 1. Entity Name 09-08-2002 90123 030 ***550.00 CHRISTIAN FIDELITY LIFE INSURANCE COMPANY Principal Place of Business Mailing Address 2001 BATES DRIVE 2001 BATES DRIVE Antoport WAXAHACHIE TX 75167-4801 WAXAHACHIE TX 75167-4801 2. Principal Place of Business 3. Mailing Address 5840 West IH20 2721 North Central Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 140 City & State City & State 4. FEI Number Applied For 74-0483480 Phoenix, AZ Arlington, Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 85004 Maricopa 76017 Tarrant 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL BUILDING TALLAHASSEE FL 32301 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE X Addition HAYDUKOVICH, MARK A Řocky D. Wardrip 2721 North Central Ave. NAME 2721 N. CENTRAL AVE STREET ADDRESS STREET ADDRESS PHOENIX AZ 85004 CITY-ST-ZIP Phoenix, AZ 85004 CITY-ST-7IP X Delete TITLE ☐ Change ☐ Addition GOODYEAR, LARRY D NAME NAME 2721 N. CENTRAL AVE. STREET ADDRESS STREET ADDRESS PHOENIX AZ 85004 CITY-ST-7IP CITY-ST-ZIP TVD TITLE ☐ Detete TITLE Change ☐ Addition BERG, JASON A NAME NAME 2721 N. CENTRAL AVE STREET ADDRESS STREET ADDRESS PHOENIX AZ 85004 CITY-ST-7/P CITY-ST-7/P VD TITLE ☐ Delete TITLE Change ☐ Addition SMITH, DON C NAME NAME 2721 N. CENTRAL AVE STREET ADDRESS STREET ADDRESS PHOENIX AZ 85004 CITY-ST-ZIP CITY-ST-ZIP A۷ Delete TITLE Change Addition JOHANNSON, ERIC N NAME STREET ADDRESS 2001 BATES DRIVE STREET ADDRESS CITY-ST-ZIP WAXAHACHIE TX 75165 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SICUATION REPORTED NAME OF SIGNING OFFICER OF DIRECTOR

9/5/02

888-757-3732

Daytime Phone #

HZE034 (4/02)