

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2008 8:00 am
Secretary of State

07-30-2008 90029 004 ***150.00

DOCUMENT # P02365

1. Entity Name
CHRISTIAN FIDELITY LIFE INSURANCE COMPANY



Principal Place of Business 5840 WEST IH20 SUITE 140 ARLINGTON, TX 76017 US	Mailing Address 2721 NORTH CENTRAL AVE PHOENIX, AZ 85004 US
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DO NOT WRITE IN THIS SPACE



07102008 No Chg-P CR2E034 (11/05)

4. FEI Number 74-0483480	Applied For Not Applicable
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD HAYDUKOVICH, MARK A 2721 N. CENTRAL AVE PHOENIX, AZ 85004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARDRIP, ROCKY D 2721 N. CENTRAL AVE. PHOENIX, AZ 85004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRIS, GREGORY D 2721 N CTRL AVE PHOENIX, AZ 850041572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, DON C 2721 N. CENTRAL AVE PHOENIX, AZ 85004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT JOHNSON, MICHAEL 2721 N CTRL AVE PHOENIX, AZ 850041172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHANSSON, ERIC N 2721 N. CENTRAL AVE PHOENIX, AZ 85004

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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: Suzanne Morris Gregory D. Morris 7/14/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #