2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02365

FILED Jun 24, 2009 Secretary of State

Entity Name: CHRISTIAN FIDELITY LIFE INSURANCE COMPANY

Current Principal Place of Business:				New Principal Place of Business:			
5840 WEST IH20 SUITE 140 ARLINGTON, TX 76017 US				350 N. ST. PAUL PLACE STREET DALLAS, TX 75201 US			
Current Mailing Address:				New Mailing Address:			
2721 NORTH CENTRAL AVE PHOENIX, AZ 85004 US							
FEI Number: 74-0483480 FEI Number Applied For () FEI Num				nber Not Applicable () Certificate of Status Desired ()			
Name and	Address of Cu	urrent Registered Agent:	N	Name and Address of New Registered Agent:			
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US							
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.							
SIGNATUR	E:						
	Electronic	c Signature of Registered Agent		Date			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:							
Title: Name: Address: City-St-Zip:	PD () E HAYDUKOVICH, 2721 N. CENTRA PHOENIX, AZ 85	AL AVE	N A	itle: lame: lddress: City-St-Zip:	()Change ()Add	aition
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Title: Name: Address: City-St-Zip:	VD () E SMITH, DON C 2721 N. CENTRA PHOENIX, AZ 85		N A	iitle: lame: \ddress: \ity-St-Zip:	() Change ()Add	dition
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Title: Name: Address: City-St-Zip:	VP () [JOHANSSON, EF 2721 N. CENTRA PHOENIX, AZ 85	AL AVE	N A	itle: lame: kddress: Dity-St-Zip:	() Change ()Add	dition
I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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							

SIGNATURE: JAN M. JOHNSON SECR 06/24/2009

above, or on an attachment with an address, with all other like empowered.