

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02365

**FILED**  
**Jan 11, 2024**  
**Secretary of State**  
**2611398788CC**

**Entity Name:** CHRISTIAN FIDELITY LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

2721 NORTH CENTRAL AVENUE  
PHOENIX, AZ 85004

**Current Mailing Address:**

2721 NORTH CENTRAL AVENUE  
PHOENIX, AZ 85004 US

**FEI Number: 74-0483480**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399 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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name HAYDUKOVICH, MARK A  
Address 2721 N. CENTRAL AVE  
City-State-Zip: PHOENIX AZ 85004

Title DIRECTOR  
Name MULLEN, DANIEL R  
Address 2721 NORTH CENTRAL AVENUE  
City-State-Zip: PHOENIX AZ 85004

Title DIRECTOR  
Name BERG, JASON A  
Address 2721 NORTH CENTRAL AVENUE  
City-State-Zip: PHOENIX AZ 85004

Title DIRECTOR  
Name SHOEN, SAMUEL J  
Address 2721 NORTH CENTRAL AVENUE  
City-State-Zip: PHOENIX AZ 85004

Title SECRETARY  
Name TURNER, THOMAS  
Address 2721 NORTH CENTRAL AVENUE  
City-State-Zip: PHOENIX AZ 85004

Title VP  
Name GERTOS, ANTHONY M  
Address 2721 NORTH CENTRAL AVENUE  
City-State-Zip: PHOENIX AZ 85004

Title ASSISTANT SECRETARY  
Name KARP, MARTIN  
Address 2721 NORTH CENTRAL AVENUE  
City-State-Zip: PHOENIX AZ 85004

Title DIRECTOR  
Name SHOEN, STUART M  
Address 2721 NORTH CENTRAL AVENUE  
City-State-Zip: PHOENIX AZ 85004

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*I hereby 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: THOMAS TURNER**

**SECRETARY**

**01/11/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name SIMMONS, ROBERT W  
Address 2721 NORTH CENTRAL AVENUE  
City-State-Zip: PHOENIX AZ 85004

Title DIRECTOR  
Name HARTE, KEVIN J  
Address 2721 NORTH CENTRAL AVENUE  
City-State-Zip: PHOENIX AZ 85004