

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02365

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 VP
Name QUARANTA, MICHAEL A
Address 2721 N. CENTRAL AVE
City-State-Zip: PHOENIX AZ 85004

Title T
Name MILLER, CHARLES E JR.
Address 2721 N CENTRAL AVE
City-State-Zip: PHOENIX AZ 85004-1172

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 ASST. TREASURER
Name BRASLAVSKY, GALINA
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

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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: LAUREN A. BARBARUOLO**SECRETARY****01/27/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title VP
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

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

Title SECRETARY
Name BARBARUOLO, LAUREN A
Address 2721 NORTH CENTRAL AVENUE
City-State-Zip: PHOENIX AZ 85004