

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 3:40

DOCUMENT # **P05576** (4)

1. Corporation Name
WESTERN FIDELITY INSURANCE COMPANY

Principal Place of Business	Mailing Address
5801 BRIDGE STREET P.O. BOX 801010 FT. WORTH TX 76101	5801 BRIDGE STREET P.O. BOX 801010 FT. WORTH TX 76101

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/04/1985	3a. Date of Last Report 03/01/1994
4. FEI Number 72-0483910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Reporting Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	

11. Pursuant to the provisions of Sections 607.0503 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BERG, ERICSON
STREET ADDRESS	5801 BRIDGE STREET
CITY, ST, ZIP	FT. WORTH TX
TITLE	VT
NAME	SPARKS, WAYNE F.
STREET ADDRESS	2300 HAVENWOOD DR
CITY, ST, ZIP	ARLINGTON TX
TITLE	V
NAME	COLLETT, DAVID PAUL
STREET ADDRESS	6810 TOWER WOOD
CITY, ST, ZIP	ARLINGTON TX
TITLE	VSD
NAME	ELPHINSTONE, E., SCOTT
STREET ADDRESS	4325 DRUID LANE
CITY, ST, ZIP	DALLAS TX
TITLE	VD
NAME	KIRWAN, STEVEN, J
STREET ADDRESS	3530 OAK BEND DR
CITY, ST, ZIP	ARLINGTON TX
TITLE	VD
NAME	KOHUTEK, LELAND, R
STREET ADDRESS	1645 OAK CREEK DR
CITY, ST, ZIP	LEWISVILLE TX

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	Vice President/Treasurer
7. STREET ADDRESS	Wayne Sparks
8. CITY, ST, ZIP	1707 Carlton Drive Arlington, Texas 76015
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2), Florida Statutes. I further certify that the information included in this annual report or semi-annual annual report is true and accurate and that by signature shall have the same legal effect and make such report appear in Block 12 or Block 13 of the annual or semi-annual report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of the annual or semi-annual report as required by Chapter 607, Florida Statutes.

SIGNATURE: *Wayne Sparks*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Wayne Sparks, Vice President/Controller 02-15-95
817-451-7200