

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P05576** (4)

1. Corporation Name

WESTERN FIDELITY INSURANCE COMPANY



Principal Place of Business

Mailing Address

5601 BRIDGE STREET
P.O. BOX 901010
FT. WORTH TX 76101

5601 BRIDGE STREET
P.O. BOX 901010
FT. WORTH TX 76101

2. Principal Place of Business

2a. Mailing Address

21 5601 Bridge Street
Suite, Apt #, etc.

26 5601 Bridge Street
Suite, Apt #, etc.

22 City & State

27 City & State

23 Fort Worth, TX

28 Fort Worth, TX

24 Zip 76112 25 Country

29 Zip 76112 30 Country

9. Name and Address of Current Registered Agent

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

04/04/1985

3a. Date of Last Report

02/24/1995

4. FEI Number

72-0483910

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (type or print name of registered agent, if applicable)

DATE Registered Agent Signature (type or print name of registered agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERG, ERICSON	
STREET ADDRESS	5601 BRIDGE STREET	
CITY-ST-ZIP	FT. WORTH TX	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	SPARK, WAYNE	
STREET ADDRESS	1707 CARLTON DRIVE	
CITY-ST-ZIP	ARLINGTON TX	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	COLLETT, DAVID PAUL	
STREET ADDRESS	6610 TOWER WOOD	
CITY-ST-ZIP	ARLINGTON TX	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	ELPHINSTONE, E., SCOTT	
STREET ADDRESS	4325 DRUID LANE	
CITY-ST-ZIP	DALLAS TX	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KIRWAN, STEVEN, J	
STREET ADDRESS	3530 OAK BEND DR	
CITY-ST-ZIP	ARLINGTON TX	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KOHUTEK, LELAND, R	
STREET ADDRESS	1645 OAK CREEK DR	
CITY-ST-ZIP	LEWISVILLE TX	

1. TITLE	Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Elizabeth Dixon	
3. STREET ADDRESS	4304 wood meadow Ct.	
4. CITY-ST-ZIP	Arlington, TX 76016	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jack Medford	
2.3 STREET ADDRESS	2145 Lake Crest	
2.4 CITY-ST-ZIP	Grapevine, TX 76051	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Joy Pool	
3.3 STREET ADDRESS	2332 weyborn	
3.4 CITY-ST-ZIP	Arlington, TX 76018	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elizabeth Dixon*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Elizabeth Dixon Secretary

4/26/96
DATE

817-451-7200
Daytime Phone #

CR2E034 (12/95)