

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90007 012 ***150.00

DOCUMENT # P05576

1. Entity Name

5 STAR LIFE INSURANCE COMPANY

Principal Place of Business

**909 N. WASHINGTON ST.
 STE 700
 ALEXANDRIA VA 22231
 US**

Mailing Address

**909 N. WASHINGTON ST.
 STE 700
 ALEXANDRIA VA 22314
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-1829709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete
 NAME **BLANTON, CHARLES C**
 STREET ADDRESS **909 N. WASHINGTON ST**
 CITY-ST-ZIP **ALEXANDRIA VA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **PIERS, CRAIG S**
 STREET ADDRESS **909 NORTH WASHINGTON STREET**
 CITY-ST-ZIP **ALEXANDRIA VA 22314**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SO** ☐ Delete
 NAME **SANDEFUR, JEFFREY CC.**
 STREET ADDRESS **909 N. WASHINGTON ST.**
 CITY-ST-ZIP **ALEXANDRIA VA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **WOODING, KIMBERLY E**
 STREET ADDRESS **909 NORTH WASHINGTON STREET**
 CITY-ST-ZIP **ALEXANDRIA VA 22314**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **O** ☐ Delete
 NAME **DITTEMORE, A. SCOTT**
 STREET ADDRESS **909 N. WASHINGTON ST.**
 CITY-ST-ZIP **ALEXANDRIA VA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MORIARTY, JAMES W**
 STREET ADDRESS **1 OLD FARM RD**
 CITY-ST-ZIP **WELLESLEY HILLS MA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig S. Piers, President (703) 706-5975

Date **1/14/02**

Daytime Phone #

CR2E034 (9/01)