2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State
04-23-2004 90218 022 ***150.00

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DOCUMENT # P05576

1. Entity Name
5 STAR LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
909 N. WASHINGTON ST. STE 700 ALEXANDRIA, VA 22231 US	909 N. WASHINGTON ST. STE 700 ALEXANDRIA, VA 22314 US

04132004 Chg-P CR2E034 (10/03)

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	7. Name and Address of New Registered Agent
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD BLANTON, CHARLES C 909 N. WASHINGTON ST ALEXANDRIA, VA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PIERS, CRAIG S 909 NORTH WASHINGTON STREET ALEXANDRIA, VA 22314	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SO SANDEFUR, JEFFREY CC. 909 N. WASHINGTON ST. ALEXANDRIA, VA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sandefur, Jeffrey C.	XX ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WOODING, KIMBERELY E 909 NORTH WASHINGTON STREET ALEXANDRIA, VA 22314	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Wooding, Kimberley E.	XX ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O LYNCH, THOMAS C 1236 DENBIGH LANE WAYNE, PA 19087	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director	XX ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORIARTY, JAMES W 1 OLD FARM RD WELLESLY HILLS, MA	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Caulfield, William E. 5 Alesworth Avenue Winchester, MA 01890	☐ Change XX Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Craig S. Piers (703) 706-5975 4/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #