2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90170 018 ***150.00

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

04262005 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

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent

Name: Edwin F. Blanton, Esq.
Street Address (P.O. Box Number is Not Acceptable): 825 Thomasville Road
City: Tallahasee FL Zip Code: 32303

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, 2005 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	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman of the Board Ralph E. Eberhart 909 North Washington Street Alexandria, Virginia 22314	XX 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 C 909 N. WASHINGTON ST. ALEXANDRIA, VA	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Controller Maureen D. Scanlon 909 North Washington Street Alexandria, Virginia 22314	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WOODING, KIMBERLY E 909 NORTH WASHINGTON STREET ALEXANDRIA, VA 22314	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LYNCH, THOMAS C 1236 DENBIGH LANE WAYNE, PA 19087	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAULFIELD, WILLIAM E 5 ALESWORTH AVE. WINCHESTER, MA 01890	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Chairman of the Board James R. Montgomery, III 4748 Riverglen Boulevard Ponce Inlet, Florida 32127-7131	XX Change ☐ 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, President 4/28/05 (703) 706-5975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #