

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 909 N. WASHINGTON ST. STE 700 ALEXANDRIA, VA 22231 US	Mailing Address 909 N. WASHINGTON ST. STE 700 ALEXANDRIA, VA 22314 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
04262005 Chg-P	CR2E034 (10/03)
4. FEI Number 54-1829709	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

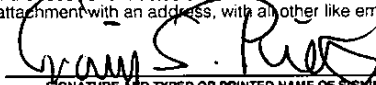
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	
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7. Name and Address of New Registered Agent Name Edwin F. Blanton, Esq. Street Address (P.O. Box Number is Not Acceptable) 825 Thomasville Road City Tallahassee 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BLANTON, CHARLES C ☒ Delete 909 N. WASHINGTON ST ALEXANDRIA, VA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of the Board ☒ Change ☐ Addition Ralph E. Eberhart 909 North Washington Street Alexandria, Virginia 22314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIERS, CRAIG S ☐ Delete 909 NORTH WASHINGTON STREET ALEXANDRIA, VA 22314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO ☒ Delete SANDEFUR, JEFFREY C 909 N. WASHINGTON ST. ALEXANDRIA, VA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Controller ☒ Change ☐ Addition Maureen D. Scanlon 909 North Washington Street Alexandria, Virginia 22314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ☐ Delete WOODING, KIMBERLY E 909 NORTH WASHINGTON STREET ALEXANDRIA, VA 22314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete LYNCH, THOMAS C 1236 DENBIGH LANE WAYNE, PA 19087	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Delete CAULFIELD, WILLIAM E 5 ALESWORTH AVE. WINCHESTER, MA 01890	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman of the Board ☒ Change ☐ Addition James R. Montgomery, III 4748 Riverglen Boulevard Ponce Inlet, Florida 32127-7131

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 another 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 #