

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05576

FILED
Feb 27, 2009
Secretary of State

Entity Name: 5 STAR LIFE INSURANCE COMPANY

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 54-1829709 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANTON, ESQ, EDWIN F
825 THOMASVILLE ROAD
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COB () Delete
Name: EBERHART, RALPH E
Address: 909 N WASHINGTON ST
City-St-Zip: ALEXANDRIA, VA 22314

Title: PD () Delete
Name: PIERS, CRAIG S
Address: 909 NORTH WASHINGTON STREET
City-St-Zip: ALEXANDRIA, VA 22314

Title: SC () Delete
Name: ELLNER, MAUREEN B
Address: 909 N WASHINGTON STREET
City-St-Zip: ALEXANDRIA, VA 22314

Title: T () Delete
Name: WOODING, KIMBERLY E
Address: 909 NORTH WASHINGTON STREET
City-St-Zip: ALEXANDRIA, VA 22314

Title: D () Delete
Name: LYNCH, THOMAS C
Address: 1236 DENBIGH LANE
City-St-Zip: WAYNE, PA 19087

Title: VCOB () Delete
Name: MONTGOMERY, III, JAMES R
Address: 4748 RIVERGLEN BLVD
City-St-Zip: PONCE INLET, FL 321277131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SC (X) Change () Addition
Name: JONES, GLENN R
Address: 909 N WASHINGTON STREET
City-St-Zip: ALEXANDRIA, VA 22314

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG S. PIERS

PD

02/27/2009

Electronic Signature of Signing Officer or Director

_____ Date