

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05576

FILED
Jan 07, 2010
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
Name: EBERHART, RALPH E
Address: 909 N WASHINGTON ST
City-St-Zip: ALEXANDRIA, VA 22314

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

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

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

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

Title: D
Name: ARNOLD, LARRY K
Address: 1616 COUNTRY CLUB DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

I hereby 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 all other like empowered.

SIGNATURE: CRAIG S. PIERS

PRES

01/07/2010

Electronic Signature of Signing Officer or Director

Date