2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State
04-04-2003 90137 036 ***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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

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

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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 _____
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	Director James R. Montgomery, III 4748 Riverglen Boulevard Ponce Inlet, Florida 32127-7131	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PIERS, CRAIG S 909 NORTH WASHINGTON STREET ALEXANDRIA VA 22314	☐ Delete	Director Thomas R. Morgan 8105 Haddington Court Fairfax Station, Virginia 22039	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SO SANDEFUR, JEFFREY CC. 909 N. WASHINGTON ST. ALEXANDRIA VA	☐ Delete	Director Billy J. Boles 6 Bennitt Road Waring, Texas 78074	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WOODING, KIMBERELY E 909 NORTH WASHINGTON STREET ALEXANDRIA VA 22314	☐ Delete	Director John B. Conaway 3001 Park Center Drive, Apartment 415 Alexandria, Virginia 22302	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O DITTEMORE, A. SCOTT 909 N. WASHINGTON ST. ALEXANDRIA VA	XX Delete	Director Thomas C. Lynch 1236 Denbigh Lane Radnor, Pennsylvania 19087	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORIARTY, JAMES W 1 OLD FARM RD WELLESLY HILLS MA	☐ Delete	Director William E. Caulfield 5 Alesworth Avenue Winchester, Massachusetts 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: SIGNATURE REQUIRED Craig S. Piers 4/3/03 (703) 706-5975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AR 06632906

CR2E034 (10/02)