2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2015
Secretary of State
CC2280857844

DOCUMENT# P05576

Entity Name: 5 STAR LIFE INSURANCE COMPANY

Current Principal Place of Business:

909 N. WASHINGTON ST.
ALEXANDRIA, VA 22314

Current Mailing Address:

909 N. WASHINGTON ST.
ALEXANDRIA, VA 22314 US

FEI Number: 54-1829709

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title	COB
Name	EBERHART, RALPH E
Address	909 N WASHINGTON ST
City-State-Zip:	ALEXANDRIA VA 22314

Title	PD
Name	SINGLETON, MARK E
Address	909 NORTH WASHINGTON STREET
City-State-Zip:	ALEXANDRIA VA 22314

Title	SC
Name	MOSER, MICHAEL R
Address	909 N. WASHINGTON ST.
City-State-Zip:	ALEXANDRIA VA 22314

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

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

Title	D
Name	ARNOLD, LARRY K
Address	1616 COUNTRY CLUB DRIVE
City-State-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: MICHAEL R MOSER SC 02/23/2015

Electronic Signature of Signing Officer/Director Detail — Date