

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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, EDWIN F. ESQ.
610 SUMMERBROOKS DRIVE
TALLAHASSEE,, FL 32312 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:** EDWIN F BLANTON

02/25/2019

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 ESQ.**SECRETARY**

02/25/2019

Electronic Signature of Signing Officer/Director Detail

Date