

2025 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:**CORPORATE ACCESS, INC.
236 EAST 6TH AVENUE
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 T
Name WOODING, KIMBERLY E
Address 909 NORTH WASHINGTON STREET
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR
Name HORN, RANDY
Address 1225 S 184TH CIRCLE
City-State-Zip: OMAHA NE 68130

Title VC
Name GENDREAU, RONALD R
Address 909 N. WASHINGTON ST.
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR
Name ROPER, A.C.
Address 909 N. WASHINGTON ST.
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR
Name FOX, JOSEPH
Address 909 N. WASHINGTON ST.
City-State-Zip: ALEXANDRIA VA 22314

Title PRESIDENT
Name SPENCER, LARRY O
Address 909 N. WASHINGTON ST.
City-State-Zip: ALEXANDRIA VA 22314

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

Title DIRECTOR
Name SAMPA, JOHN F CSM
Address 909 N. WASHINGTON ST.
City-State-Zip: ALEXANDRIA VA 22314

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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**SECRETARY****03/17/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BRAZZELL, BONNIE
Address	909 N. WASHINGTON ST.
City-State-Zip:	ALEXANDRIA VA 22314