

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 801736 (0)
1. Corporation Name
ACACIA LIFE INSURANCE COMPANY

Principal Place of Business
7315 WISCONSIN AVENUE
BETHESDA MD 20814
US

Mailing Address
7315 WISCONSIN AVENUE
BETHESDA MD 20814
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/22/1923	
21		26		4. FEI Number 53-0022880	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL. FL		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEDALEN, RICHARD J	1.2 NAME	
STREET ADDRESS	311 WATERFORD RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS MD 20901	1.4 CITY-ST-ZIP	20901
TITLE	PDC <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASON, CHARLES T.	2.2 NAME	
STREET ADDRESS	18 BEMAN WOODS COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD 20854	2.4 CITY-ST-ZIP	20854
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARITURK, HALUK	3.2 NAME	
STREET ADDRESS	9232 VENDOME DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20817	3.4 CITY-ST-ZIP	20817
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, PAUL L.	4.2 NAME	
STREET ADDRESS	10851 PATOWMACK DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREAT FALLS VA 22066	4.4 CITY-ST-ZIP	22066
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLYDE, ROBERT	5.2 NAME	
STREET ADDRESS	11612 ROLLING MEADOWS DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREAT FALLS VA 22066	5.4 CITY-ST-ZIP	22066
TITLE	VPT <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOWICZ, LEONA M	6.2 NAME	
STREET ADDRESS	5268 LEESTONE COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD VA 22151-3514	6.4 CITY-ST-ZIP	22151-3514

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Leona M Glowicz

LEONA M GLOWICZ

4/13/98 301-280-1224

CR2E034 (10/97)