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

PROFIT CORPORATION ANNUAL REPORT 1998 **DOCUMENT #**1. Corporation Name ACACIA LIFE INSURANCE COMPANY

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(0)

FILED Apr 20 1998 8:00am Secretary of State



Principal Place of Business					
	Mailing Address		4 innin) (den mailt tikte tondt tilte gett didit.	arati aifiti aibii didii atali 1861	
7315 WISCONSIN AVENUE	7315 WISCONSIN AVENU	JE			
BETHESDA MD 20814 US	BETHESDA MD 20814 US		DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE	
03	US		3. Date Incorporated or Qualified	IO OF NOL	
			03/22/1923		
2. Principal Place of Business	20. Mailing Address		4. FEI Number	Applied For	
21	26		53-0022880	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22	27		5. Certificate of Status Desired	Fee Required	
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23	[28]		Trust Fund Contribution	Added to Fees	
Zip Country	Zip	Country	8. This corporation owes or has paid the		
24 25	29	30	Personal Property Tax due June 30.	Yes X No	
9. Name and Address of Cui	rrent Registered Agent		10. Name and Address of New Register	ed Agent	
INSURANCE COMMISSIONER		81 Name			
CAPITOL BLDG.		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)		
tallahassee FL. FL					
		83			
		84 City		85 Zip Code	
		'	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	L 1 - 1	
SIGNATURE Signature Typed or printed name of registeris	t agent and title if applicable (NOT	f. Registered Agent signature rec	quired when reinstating) DATE	<u> </u>	
Signature Typed or prioted name of registeris					
Signature Typed or printed name of registeris 12. OFFICERS	AND DIRECTORS	13.	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
Signature typed or privated name of registers 12. OFFICERS TITLE S		13. 1.1 TrillE		ND DIRECTORS IN 12	
12. OFFICERS TITLE S NAME FEDALEN, RICHARD J	AND DIRECTORS	13. 1.1 TiTLE 1.2 NAME		ND DIRECTORS IN 12	
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indicated on this annual report or supplied annual report is true and exemplion stated in Section 118.0r(3)(i), Fibrida Statutes, 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.

4/13/98 301-280-1204