

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

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FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90150 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 801736

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

3. Date Incorporated or Qualified

03/22/1923

4. FEI Number

53-0022880

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

5900 "O" Street

27

Suite, Apt. #, etc.

28

City & State

29

Lincoln, Nebraska

30

Zip

Country

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL. FL**

10. Name and Address of New Registered Agent

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 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	
TITLE	PDC <input type="checkbox"/> DELETE	2.1 TITLE	Chairman & CEO. <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	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input 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	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input 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	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	President & COO <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	1173 Taji Court
CITY-ST-ZIP	GREAT FALLS VA 22066	5.4 CITY-ST-ZIP	Herndon, VA 20170
TITLE	VPT <input type="checkbox"/> DELETE	6.1 TITLE	<input 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	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Leona M. Glowicz, VP, Tax & Treasurer 4/26/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)