

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90334 028 ***150.00

DOCUMENT # 801736

1. Entity Name
ACACIA LIFE INSURANCE COMPANY



Principal Place of Business
**7315 WISCONSIN AVENUE
BETHESDA, MD 20814 US**

Mailing Address
**5900 'O' ST
LINCOLN, NE 68510 US**

14014773



2. Principal Place of Business

3. Mailing Address
7315 Wisconsin Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212004

Chg-P

CR2E034 (10/03)

City & State

City & State
Bethesda, MD

4. FEI Number

53-0022880

Applied For

Not Applicable

Zip

Country

Zip
20814

Country
US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DC
NASON, CHARLES T.
8015 QUARRY RIDGE WAY
BETHESDA, MD 20817** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
ARITURK, HALUK
7148 LOCH LOMOND DR
BETHESDA, MD 20817** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MARTIN, JOANN M
6310 CAMPBELL DRIVE
LINCOLN, NE 685105044** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ROBERT C. BARTH
7511 CULWELLS PLACE
LINCOLN, NE 68516** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
SANDS, ROBERT-JOHN H
16046 HAMILTON STATION ROAD
WATERFORD, VA 20197** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GREEN, TODD D
1003 COLUMBINE DR #3A
FREDERICK, MD 21701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**308 PRETTYMAN DRIVE
ROCKVILLE, MD 20850** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
LESTER, WILLIAM W
4621 FIR HOLLOW LANE
LINCOLN, NE 68516** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Todd D. Green **Todd D. Green**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2004

Date

301-280-1026

Daytime Phone #