2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# 801736

Entity Name: ACACIA LIFE INSURANCE COMPANY

Current Principal Place of Business:

7315 WISCONSIN AVENUE
BETHESDA, MD 20814 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 81889
LINCOLN, NE 685011889 US

New Mailing Address:

FEI Number: 53-0022880 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CPD ( ) Delete
Name: ARITURK, HALUK
Address: 7315 WISCONSIN AVE
City-St-Zip: BETHESDA, MD 20814

Title: D ( ) Delete
Name: QUINN, EDWARD J JR.
Address: 3814 JENNIFER STREET, NW
City-St-Zip: WASHINGTON, DC 20015

Title: V ( ) Delete
Name: BARTH, ROBERT C
Address: 5900 O STREET
City-St-Zip: LINCOLN, NE 68510

Title: VS ( ) Delete
Name: SANDS, ROBERT-JOHN H
Address: 7315 WISCONSIN AVE
City-St-Zip: BETHESDA, MD 20814

Title: V ( ) Delete
Name: CONNOLLY, JAN M
Address: 5900 O STREET
City-St-Zip: LINCOLN, NE 68510

Title: VT ( ) Delete
Name: LESTER, WILLIAM W
Address: 390 NORTH COTNER BLVD
City-St-Zip: LINCOLN, NE 68505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition
Name: HITCHCOCK-GEAR, SALENE M
Address: 7315 WISCONSIN AVE
City-St-Zip: BETHESDA, MD 20814

Title: VC (X) Change ( ) Addition
Name: QUINN, EDWARD J JR.
Address: 3814 JENNIFER STREET, NW
City-St-Zip: WASHINGTON, DC 20015

Title: VCFO (X) Change ( ) Addition
Name: BARTH, ROBERT C
Address: 5900 O STREET
City-St-Zip: LINCOLN, NE 68510

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAN M. CONNOLLY V 04/01/2009

Electronic Signature of Signing Officer or Director Date