

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 801736

FILED
Feb 20, 2012
Secretary of State

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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: HITCHCOCK-GEAR, SALENE M
Address: 7315 WISCONSIN AVENUE
City-St-Zip: BETHESDA, MD 20814 US

Title: VT
Name: LESTER, WILLIAM W
Address: 3900 NORTH COTNER BLVD
City-St-Zip: LINCOLN, NE 68505 US

Title: VP
Name: STONEHOCKER, TIMMY L
Address: 5900 O STREET
City-St-Zip: LINCOLN, NE 68510 US

Title: VCFO
Name: BARTH, ROBERT C
Address: 5900 O STREET
City-St-Zip: LINCOLN, NE 68510 US

Title: VS
Name: SANDS, ROBERT-JOHN H
Address: 7315 WISCONSIN AVENUE
City-St-Zip: BETHESDA, MD 20814 US

Title: VP
Name: HENKEL, ARNOLD D
Address: 5900 O STREET
City-St-Zip: LINCOLN, NE 68510 US

I hereby 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 all other like empowered.

SIGNATURE: ROBERT-JOHN H SANDS

VS

02/20/2012

Electronic Signature of Signing Officer or Director

Date