

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 14 1997 8:00am
Secretary of State

DOCUMENT # **835415** (1)

1. Corporate Name

ACACIA NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business

**7302 LEE HIGHWAY
750
FAIRFAX VA 22031
US**

Mailing Address

**51 LOUISIANA AVE., N.W.
WASHINGTON D. 20001-2105
US**

3. Date Incorporated or Qualified
11/17/1975

3a. Date of Last Report
05/01/1996

4. FEI Number
52-1009067

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITAL BLDG.
TALLAHASSEE FL 32301**

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

TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, PAUL L	
STREET ADDRESS	10851 PATOWMACK DRIVE	
CITY - ST - ZIP	GREAT FALLS VA	
TITLE	PCD	<input type="checkbox"/> DELETE
NAME	NASON, CHARLES T.	
STREET ADDRESS	18 BEMAN WOODS COURT	
CITY - ST - ZIP	POTOMAC MD	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FEDALEN, RICHARD	
STREET ADDRESS	311 WATERFORD RD.	
CITY - ST - ZIP	SILVER SPRING, MD 0	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	GLOWICZ, LEONA M	
STREET ADDRESS	5268 LEESTONE COURT	
CITY - ST - ZIP	SPRINGFIELD VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CLYDE, ROBERT	
STREET ADDRESS	11812 ROLLING MEADOWS DRIVE	
CITY - ST - ZIP	GREAT FALLS VA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ARITUK, HALUK	
STREET ADDRESS	9232 VENDOME DRIVE	
CITY - ST - ZIP	BETHESDA MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

Leona M Glowicz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day-mo Phone #

2/8/97

(202) 628-4506

CR2E034 (9/96)