

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 835415 (1)
1. Corporation Name
ACACIA NATIONAL LIFE INSURANCE COMPANY



Principal Place of Business 7315 WISCONSIN AVENUE BETHESDA MD 20814 US	Mailing Address 7315 WISCONSIN AVENUE BETHESDA MD 20814 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9302 LEE HIGHWAY Suite, Apt. #, etc. 22 SUITE 750 City & State 23 FARMER VA Zip 24 22031		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA		3. Date Incorporated or Qualified 11/17/1975	
				4. FEI Number 52-1009067 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	
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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	V NAME SCHNEIDER, PAUL L STREET ADDRESS 10851 PATOWMACK DRIVE CITY-ST-ZIP GREAT FALLS VA	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PCD NAME NASON, CHARLES T. STREET ADDRESS 18 BEMAN WOODS COURT CITY-ST-ZIP POTOMAC MD	1.2 NAME	
TITLE	S NAME FEDALEN, RICHARD STREET ADDRESS 311 WATERFORD RD. CITY-ST-ZIP SILVER SPRING, MD 0	1.3 STREET ADDRESS	
TITLE	VPT NAME GLOWICZ, LEONA M STREET ADDRESS 5268 LEESTONE COURT CITY-ST-ZIP SPRINGFIELD VA	1.4 CITY-ST-ZIP	ZIP 22066
TITLE	V NAME CLYDE, ROBERT STREET ADDRESS 11612 ROLLING MEADOWS DRIVE CITY-ST-ZIP GREAT FALLS VA	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD NAME ARITUK, HALUK STREET ADDRESS 9232 VENDOME DRIVE CITY-ST-ZIP BETHESDA MD	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	ZIP 20854
		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	ZIP 20901
		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	ZIP 22151-3514
		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	ZIP 22066
		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	ZIP 20817

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.

SIGNATURE:

Leona M. Glowicz 5-1-98 201 280-1224

CR2E034 (10/97)