

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90150 002 ***150.00

DOCUMENT # 835415

1. Corporation Name

ACACIA NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business

9302 LEE HIGHWAY
STE 750
FAIRFAX VA 22031
US

Mailing Address

7315 WISCONSIN AVENUE
BETHESDA MD 20814
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1975

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 5900 "O" Street

27 Suite, Apt. #, etc.

28 City & State

29 Lincoln, NE

30 Zip Country

29 68510 30

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 ☐ DELETE
NAME SCHNEIDER, PAUL L
STREET ADDRESS 10851 PATOWMACK DRIVE
CITY-ST-ZIP GREAT FALLS VA 22066

TITLE PCD ☐ DELETE
NAME NASON, CHARLES T.
STREET ADDRESS 18 BEMAN WOODS COURT
CITY-ST-ZIP POTOMAC MD 20854

TITLE S ☐ DELETE
NAME FEDALEN, RICHARD
STREET ADDRESS 311 WATERFORD RD.
CITY-ST-ZIP SILVER SPRING, MD 0 20901

TITLE VPT ☐ DELETE
NAME GLOWICZ, LEONA M
STREET ADDRESS 5268 LEESTONE COURT
CITY-ST-ZIP SPRINGFIELD VA 22151-3514

TITLE V ☐ DELETE
NAME CLYDE, ROBERT
STREET ADDRESS 11612 ROLLING MEADOWS DRIVE
CITY-ST-ZIP GREAT FALLS VA 22066

TITLE VD ☐ DELETE
NAME ARITUK, HALUK
STREET ADDRESS 9232 VENDOME DRIVE
CITY-ST-ZIP BETHESDA MD 20817

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Chairman & CEO ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME President & COO
5.3 STREET ADDRESS 1173 Taji Court
5.4 CITY-ST-ZIP Herndon, VA 20170

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Leona M. Glowicz

Leona M. Glowicz, VP, Tax & Treasurer

4/26/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)