

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90093 027 ***150.00

DOCUMENT #

1. Entity Name

ACACIA NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business

**9302 LEE HIGHWAY
 STE. 750
 FAIRFAX, VIRGINIA 22031
 U.S.A.**

Mailing Address

**5900 "O" STREET
 LINCOLN, NEBRASKA 68501
 U.S.A.**

2. Principal Place of Business

**7600 LEEBURG PIKE
 Suite, Apt. #, etc.**

EAST BUILDING, 2ND FLOOR

FALLS CHURCH, VIRGINIA

**Zip
 22043**

**Country
 U.S.A.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

52-1009067

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 200 EAST GAINES STREET
 LARSON BUILDING
 TALLAHASSEE, FLORIDA 32399-0300**

7. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

☒

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution.

☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **DIC (CHAIRMAN & CEO)** ☐ Delete
 NAME **CHARLES T. NASON**
 STREET ADDRESS **18 BEMAN WOODS COURT**
 CITY-ST-ZIP **POTOMAC, MARYLAND 20854-5481**

TITLE **DIP (PRESIDENT & COO)** ☐ Delete
 NAME **ROBERT W. CLYDE**
 STREET ADDRESS **1173 TALL COURT**
 CITY-ST-ZIP **HERNDON, VIRGINIA 20170-2335**

TITLE **DIV (SVP, PROD. MGMT. & ADMIN.)** ☐ Delete
 NAME **KALUK ARITURUK**
 STREET ADDRESS **9232 VENDOME DRIVE**
 CITY-ST-ZIP **BETHESDA, MARYLAND 20817**

TITLE **DIV** ☒ Delete
 NAME **PAUL L. SCHNEIDER**
 STREET ADDRESS **10851 PATOWMACK DRIVE**
 CITY-ST-ZIP **GREAT FALLS, VIRGINIA 22066**

TITLE **VIT** ☒ Delete
 NAME **LEONA M. GLOWICZ**
 STREET ADDRESS **5268 LEESTONE COURT**
 CITY-ST-ZIP **SPRINGFIELD, VIRGINIA 22151**

TITLE **S** ☒ Delete
 NAME **RICHARD J. FEDALEN**
 STREET ADDRESS **311 WATERFORD ROAD**
 CITY-ST-ZIP **SILVER SPRING, MARYLAND 20901**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2524 RIDGE ROAD**
 CITY-ST-ZIP **LINCOLN, NEBRASKA 68512-2418**

TITLE ☐ Change ☒ Addition
 NAME **DIV (SVP & CFO)**
 STREET ADDRESS **JOANN M. MARTIN**
 CITY-ST-ZIP **6310 CAMPBELL DRIVE**
LINCOLN, NEBRASKA 68510-5044

TITLE ☐ Change ☒ Addition
 NAME **VIT**
 STREET ADDRESS **WILLIAM W. LESTER**
 CITY-ST-ZIP **4621 FIR HOLLOW LANE**
LINCOLN, NEBRASKA 68516-2978

TITLE ☐ Change ☒ Addition
 NAME **S (ATTORNEY & ASST. CLERK SEC.)**
 STREET ADDRESS **TODD D. GREEN**
 CITY-ST-ZIP **4801 FAIRMONT AVENUE, #606**
BETHESDA, MARYLAND 20814

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TODD D. GREEN

TODD D. GREEN

4/28/00

301-280-1036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)