

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 835415

1. Entity Name
ACACIA NATIONAL LIFE INSURANCE COMPANY

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90076 006 ***158.75

Principal Place of Business

7600 LEESBURG PINE
EAST BUILDING, 2ND FLOOR
FALLS CHURCH VA 22043
US

Mailing Address

590 O STREET
LINCOLN NE 68510
US

2. Principal Place of Business

7315 WISCONSIN AVENUE

3. Mailing Address

5900 "O" Street

Suite, Apt. #, etc.

55555

Suite, Apt. #, etc.

City & State

BETHESDA, MD

City & State

Lincoln, NE

Zip

20814

Country

U.S.A.

Zip

68510

Country

U.S.A.

4. FEI Number 52-1009067

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
200 EAST GAINES STREET
LARSON BUILDING
TALLAHASSEE FL 32399

Name

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SCHNEIDER, PAUL L	
STREET ADDRESS	10851 PATOWMACK DRIVE	
CITY-ST-ZIP	GREAT FALLS VA 22066	
TITLE	CCEO	<input checked="" type="checkbox"/> Delete
NAME	NASON, CHARLES T.	
STREET ADDRESS	18 BEMAN WOODS COURT	
CITY-ST-ZIP	POTOMAC MD 20854	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FEDALEN, RICHARD	
STREET ADDRESS	2524 RIDGE ROAD	
CITY-ST-ZIP	LINCOLN NE 68512-2418	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MARTIN, JOANN M	
STREET ADDRESS	6310 CAMPBELL DRIVE	
CITY-ST-ZIP	LINCOLN NE 68516-2978	
TITLE	VT	<input type="checkbox"/> Delete
NAME	LESTER, WILLIAM W	
STREET ADDRESS	4621 FIR HOLLOW LANE	
CITY-ST-ZIP	LINCOLN NE 68510-5044	
TITLE	S	<input type="checkbox"/> Delete
NAME	GREEN, TODD D	
STREET ADDRESS	4801 FAIRMONT AVENUE 606	
CITY-ST-ZIP	BETHESDA MD 20814	

TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASON, CHARLES T.	
STREET ADDRESS	8015 QUARRY RIDGE WAY	
CITY-ST-ZIP	BETHESDA, MD 20817	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLYDE, ROBERT W.	
STREET ADDRESS	1173 TAJI COURT	
CITY-ST-ZIP	HERNDON, VA 20170	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARITURK, HALUK	
STREET ADDRESS	7333 PIONEERS BLVD., #222	
CITY-ST-ZIP	LINCOLN, NE 68506	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	LINCOLN, NE 68510-5044	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	LINCOLN, NE 68516-2978	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

301-280-1036

Daytime Phone #

CR2E034 (10/00)