

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90216 017 ***150.00

06/28/13 MB

DOCUMENT # 835415

1. Entity Name
ACACIA NATIONAL LIFE INSURANCE COMPANY



Principal Place of Business
7315 WISCONSIN AVE
BETHESDA MD 20814
US

Mailing Address
5900 "O" STREET
LINCOLN NE 68510
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-1009067**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** ☐ Delete
NAME **NASON, CHARLES T**
STREET ADDRESS **8015 QUARRY RIDGE WAY**
CITY-ST-ZIP **BETHESDA MD 20817**

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

TITLE **DV** ☐ Delete
NAME **SANDS, ROBERT-JOHN H**
STREET ADDRESS **1173 TAJI CT**
CITY-ST-ZIP **HERNDON VA 20170**

TITLE **VS** ☒ Change ☐ Addition
NAME
STREET ADDRESS **16046 Hamilton Station Road**
CITY-ST-ZIP **Waterford, VA 20197**

TITLE **DP** ☐ Delete
NAME **ARITURK, HALUK**
STREET ADDRESS **7333 PIONEERS BLVD #222**
CITY-ST-ZIP **LINCOLN NE 68506**

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS **7148 Loch Lomond Drive**
CITY-ST-ZIP **Bethesda, MD 20817**

TITLE **DV** ☐ Delete
NAME **MARTIN, JOANN M**
STREET ADDRESS **6310 CAMPBELL DRIVE**
CITY-ST-ZIP **LINCOLN NE 68510-5044**

TITLE **V** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VT** ☐ Delete
NAME **LESTER, WILLIAM W**
STREET ADDRESS **4621 FIR HOLLOW LANE**
CITY-ST-ZIP **LINCOLN NE 68516-2978**

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

TITLE **S** ☐ Delete
NAME **GREEN, TODD D**
STREET ADDRESS **4801 FAIRMONT AVENUE 606**
CITY-ST-ZIP **BETHESDA MD 20814**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1003 Columbine Drive, #3A**
CITY-ST-ZIP **Frederick, MD 21701**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Todd D. Green

4/22/2003

301-280-1026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)