		T CORPOR			Apr 25, 200 Secretary	03 8:00 am	
DOCUMENT # 835415 1. Entity Name ACACIA NATIONAL LIFE INSURANCE COMPANY					04-25-2003 90216		
Principal Place of Business 7315 WISCONSIN AVE BETHESDA MD 20814 US		Mailing Address 5900 "O" STREET LINCOLN NE 68510 US			1710157	84	
2. Principal Place of Busin	ness	3. Mailing Address]	1811 8 3811 81811 91914 91914 91811 1881	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 52~1009067	Applied For Not Applicable		
Zip	Country	Zip	Country		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			
				Name			
INSURANCE COMMISSIONER 200 EAST GAINES STREET LARSON BUILDING			Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32399				City	City FL Zip Code		
8. The above named entit the obligations of regist		the purpose of changing its	register	ed office or register	ed agent, or both, in the State of Florida.	am familiar with, and accept	
SIGNATURE	or printed name of registered agent a	nd title if applicable. (NOTE	E: Registere	d Agent signature required	when reinstating) D/	NTE .	
CU E MONUS	L CCE IC 0450.00						

FILE NOW!!! F	EE IS \$150.00
After May 1, 2003	ee will be \$550.00
Make Check Payable to Flo	orida Department of State

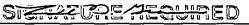
9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC NASON, CHARLES T 8015 QUARRY RIDGE WAY BETHESDA MD 20817	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SANDS, ROBERT-JOHN H 1173 TAJI CT HERNDON VA 20170	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS 16046 Hamilton Station Road Waterford, VA 20197	(X);Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARITURK, HALUK 7333 PIONEERS BLVD #222 LINCOLN NE 68506	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 7148 Loch Lomond Drive Bethesda, MD 20817	X Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Martin, Joann M 6310 Campbell Drive Lincoln Ne 68510-5044	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V	X Change	Addition	
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	VT LESTER, WILLIAM W 4621 FIR HOLLOW LANE LINCOLN NE 68516-2978	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Green, Todd D 4801 Fairmont Avenue 606 Bethesda MD 20814	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1003 Columbine Drive, #3A Frederick, MD 21701	X Change	Addition	

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:



Todd D. Green

4/22/2003

301-280-1026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #