

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 801736

**Entity Name:** ACACIA LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

4550 MONTGOMERY AVENUE  
BETHESDA, MD 20814-9814

**Current Mailing Address:**

P.O. BOX 81889  
LINCOLN, NE 68501-1889 US

**FEI Number:** 53-0022880

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PCEO  
Name HITCHCOCK-GEAR, SALENE M  
Address 4550 MONTGOMERY AVENUE  
City-State-Zip: BETHESDA MD 20814-9814

Title VT  
Name LESTER, WILLIAM W  
Address 390 NORTH COTNER BLVD  
City-State-Zip: LINCOLN NE 68505

Title VP  
Name STONEHOCKER, TIMMY L  
Address 5900 O STREET  
City-State-Zip: LINCOLN NE 68510

Title VCFO  
Name BARTH, ROBERT C  
Address 5900 O STREET  
City-State-Zip: LINCOLN NE 68510

Title VS  
Name SANDS, ROBERT-JOHN H  
Address 4550 MONTGOMERY AVENUE  
City-State-Zip: BETHESDA MD 20814-9814

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT-JOHN H. SANDS

**SVP, GENERAL COUNSEL** 02/27/2013  
**& CORPORATE**  
**SECRETARY**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date