

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90137 036 ***150.00

0062906 AB

DOCUMENT # P05576

1. Entity Name
5 STAR LIFE INSURANCE COMPANY



Principal Place of Business
**909 N. WASHINGTON ST.
STE 700
ALEXANDRIA VA 22231
US**

Mailing Address
**909 N. WASHINGTON ST.
STE 700
ALEXANDRIA VA 22314
US**

00020178



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **54-1829709**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
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 _____ (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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BLANTON, CHARLES C 909 N. WASHINGTON ST ALEXANDRIA VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIERS, CRAIG S 909 NORTH WASHINGTON STREET ALEXANDRIA VA 22314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO SANDEFUR, JEFFREY CC. 909 N. WASHINGTON ST. ALEXANDRIA VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOODING, KIMBERELY E 909 NORTH WASHINGTON STREET ALEXANDRIA VA 22314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O DITTEMORE, A. SCOTT 909 N. WASHINGTON ST. ALEXANDRIA VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORIARTY, JAMES W 1 OLD FARM RD WELLESLEY HILLS MA

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director James R. Montgomery, III 4748 Riverglen Boulevard Ponce Inlet, Florida 32127-7131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Thomas R. Morgan 8105 Haddington Court Fairfax Station, Virginia 22039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Billy J. Boles 6 Bennitt Road Waring, Texas 78074
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John B. Conaway 3001 Park Center Drive, Apartment 415 Alexandria, Virginia 22302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Thomas C. Lynch 1236 Denhigh Lane Radnor, Pennsylvania 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director William E. Caulfield 5 Alesworth Avenue Winchester, Massachusetts 01890

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: *Craig S. Piers* **Craig S. Piers** **4/3/03** **(703) 706-5975**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)