


**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90218 022 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P05576</b> 1. Entity Name <b>5 STAR LIFE INSURANCE COMPANY</b>	
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Principal Place of Business <b>909 N. WASHINGTON ST.          STE 700          ALEXANDRIA, VA 22231 US</b>	Mailing Address <b>909 N. WASHINGTON ST.          STE 700          ALEXANDRIA, VA 22314 US</b>
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**J4U01JUD**



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04132004 Chg-P CR2E034 (10/03)

City & State	City & State
Zip	Country

4. FEI Number <b>54-1829709</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>CHIEF FINANCIAL OFFICER          P O BOX 6200 (32314-6200)          200 E. GAINES ST          TALLAHASSEE, FL 32399-0000</b>	Name Street Address (P.O. Box Number is Not Acceptable) City
	<b>FL</b> 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD BLANTON, CHARLES C	TITLE	
NAME	909 N. WASHINGTON ST	NAME	
STREET ADDRESS	ALEXANDRIA, VA	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD PIERS, CRAIG S	TITLE	
NAME	909 NORTH WASHINGTON STREET	NAME	
STREET ADDRESS	ALEXANDRIA, VA 22314	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SO SANDEFUR, JEFFREY CC.	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	909 N. WASHINGTON ST.	NAME	<b>Sandefur, Jeffrey C.</b>
STREET ADDRESS	ALEXANDRIA, VA	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE	T WOODING, KIMBERLY E	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	909 NORTH WASHINGTON STREET	NAME	<b>Wooding, Kimberley E.</b>
STREET ADDRESS	ALEXANDRIA, VA 22314	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE	O LYNCH, THOMAS C	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1236 DENBIGH LANE	NAME	<b>Director</b>
STREET ADDRESS	WAYNE, PA 19087	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE	D MORIARTY, JAMES W	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1 OLD FARM RD	NAME	<b>Director Caulfield, William E.</b>
STREET ADDRESS	WELLESLEY HILLS, MA	STREET ADDRESS	<b>5 Alesworth Avenue Winchester, MA 01890</b>
CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	CITY-ST-ZIP	

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** (703) 706-5975 4/15/04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #