


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90170 018 ***150.00

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**

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

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



04262005 Chg-P CR2E034 (10/03)

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

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

7. Name and Address of New Registered Agent

Name
Edwin F. Blanton, Esq.

Street Address (P.O. Box Number is Not Acceptable)
825 Thomasville Road

City
Tallahasee FL Zip Code
32303

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, 2005 Fee will be \$550.00

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	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIERS, CRAIG S 909 NORTH WASHINGTON STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO SANDEFUR, JEFFREY C 909 N. WASHINGTON ST. ALEXANDRIA, VA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOODING, KIMBERLY E 909 NORTH WASHINGTON STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, THOMAS C 1236 DENBIGH LANE WAYNE, PA 19087	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAULFIELD, WILLIAM E 5 ALESWORTH AVE. WINCHESTER, MA 01890	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of the Board Ralph E. Eberhart 909 North Washington Street Alexandria, Virginia 22314	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Controller Maureen D. Scanlon 909 North Washington Street Alexandria, Virginia 22314	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman of the Board James R. Montgomery, III 4748 Riverglen Boulevard Ponce Inlet, Florida 32127 7131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:  **Craig S. Piers, President** 4/28/05 (703) 706-5975

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