


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90087 045 ***550.00

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 |
|--|--|

DO NOT WRITE IN THIS SPACE

40090030



01052006 No Chg-P CR2E034 (11/05)

| | |
|---|--------------------------------|
| 4. FEI Number 54-1829709 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

BLANTON, ESQ, EDWIN F
 825 THOMASVILLE ROAD
 TALLAHASSEE, FL 32303

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 | COB EBERHART, RALPH E 909 N WASHINGTON ST ALEXANDRIA, VA 22314 |
| 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 | SC SCANLON, MAUREEN D 909 N WASHINGTON STREET ALEXANDRIA, VA 22314 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WOODING, KIMBERLY E 909 NORTH WASHINGTON STREET ALEXANDRIA, VA 22314 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LYNCH, THOMAS C 1236 DENBIGH LANE WAYNE, PA 19087 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCOB MONTGOMERY, III, JAMES R 4748 RIVERGLEN BLVD PONCE INLET, FL 321277131 |

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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  May 2, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT
H0090056

Mildred E. Hunt
Assistant to the
General Counsel &
Chief Licensing Officer

May 5, 2006

P05576

VIA FEDERAL EXPRESS

Division of Corporations
Clifton Building
2662 Executive Center Circle
Tallahassee, Florida 32301

Dear Sir or Madam:

Enclosed for filing is an original executed 2006 For Profit Corporation Annual Report, including a remittance in the amount of \$550.00.

If additional information is required, please do not hesitate to contact me.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Mildred E. Hunt', written over the typed name.

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Enclosures