

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05576

FILED  
Jan 19, 2011  
Secretary of State

**Entity Name:** 5 STAR LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

909 N. WASHINGTON ST.  
STE 700  
ALEXANDRIA, VA 22231 US

**New Principal Place of Business:**

**Current Mailing Address:**

909 N. WASHINGTON ST.  
STE 700  
ALEXANDRIA, VA 22314 US

**New Mailing Address:**

**FEI Number:** 54-1829709      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: COB  
Name: EBERHART, RALPH E  
Address: 909 N WASHINGTON ST  
City-St-Zip: ALEXANDRIA, VA 22314

Title: PD  
Name: PIERS, CRAIG S  
Address: 909 NORTH WASHINGTON STREET  
City-St-Zip: ALEXANDRIA, VA 22314

Title: SC  
Name: JONES, GLENN R  
Address: 909 N WASHINGTON STREET  
City-St-Zip: ALEXANDRIA, VA 22314

Title: T  
Name: WOODING, KIMBERLY E  
Address: 909 NORTH WASHINGTON STREET  
City-St-Zip: ALEXANDRIA, VA 22314

Title: D  
Name: LYNCH, THOMAS C  
Address: 1236 DENBIGH LANE  
City-St-Zip: WAYNE, PA 19087

Title: D  
Name: ARNOLD, LARRY K  
Address: 1616 COUNTRY CLUB DRIVE  
City-St-Zip: LYNN HAVEN, FL 32444

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: CRAIG S. PIERS

PRES

01/19/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date