

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05576

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

**Current Principal Place of Business:**

909 N. WASHINGTON ST.  
ALEXANDRIA, VA 22314

**Current Mailing Address:**

909 N. WASHINGTON ST.  
ALEXANDRIA, VA 22314 US

**FEI Number:** 54-1829709

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

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

Title PD  
Name SINGLETON, MARK E  
Address 909 NORTH WASHINGTON STREET  
City-State-Zip: ALEXANDRIA VA 22314

Title SC  
Name MOSER, MICHAEL R  
Address 909 N. WASHINGTON ST.  
City-State-Zip: ALEXANDRIA VA 22314

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

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

Title D  
Name ARNOLD, LARRY K  
Address 1616 COUNTRY CLUB DRIVE  
City-State-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: MICHAEL R MOSER**

**SECRETARY**

**01/16/2018**

Electronic Signature of Signing Officer/Director Detail

Date