

**2023 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:**

CORPORATE ACCESS, INC.  
236 EAST 6TH AVENUE  
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 T  
Name WOODING, KIMBERLY E  
Address 909 NORTH WASHINGTON STREET  
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR  
Name HORN, RANDY  
Address 1225 S 184TH CIRCLE  
City-State-Zip: OMAHA NE 68130

Title VC  
Name GENDREAU, RONALD R  
Address 909 N. WASHINGTON ST.  
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR  
Name COLLINS, A LEON  
Address 909 N. WASHINGTON ST.  
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR  
Name FOX, JOSEPH  
Address 909 N. WASHINGTON ST.  
City-State-Zip: ALEXANDRIA VA 22314

Title PRESIDENT  
Name SPENCER, LARRY O  
Address 909 N. WASHINGTON ST.  
City-State-Zip: ALEXANDRIA VA 22314

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

Title DIRECTOR  
Name SAMPA, JOHN F CSM  
Address 909 N. WASHINGTON ST.  
City-State-Zip: ALEXANDRIA VA 22314

*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**

**02/01/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date