

1.) CORPORATION NAME: 5 STAR LIFE INSURANCE COMPANY	DUE DATE: 7/31/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CRAIG S PIERS 909 N WASHINGTON ST ALEXANDRIA, VA	SCC ID NO: F0514473				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ALEXANDRIA CITY	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>15,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	15,000
CLASS	AUTHORIZED				
COMMON	15,000				
4.) STATE OR COUNTRY OF INCORPORATION: LA					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5 STAR LIFE INSURANCE CO
909 NORTH WASHINGTON STREET

CITY/ST/ZIP: ALEXANDRIA, VA 22314-1555

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MARK E. SINGLETON	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: PRESIDENT				
ADDRESS: 909 N WASHINGTON ST				
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-1555				

NAME: KIMBERLEY ELIZABETH WOODING	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: CFO/TREASURER				
ADDRESS: 909 N WASHINGTON ST				
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314				

NAME: MICHAEL R MOSER, ESQ	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: SECRETARY				
ADDRESS: 909 NORTH WASHINGTON STREET				
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314				

NAME: LARRY K ARNOLD	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: 1616 COUNTRY CLUB DR				
CITY/ST/ZIP/CO: LYNN HAVEN, FL 32444				

NAME: RALPH E EBERHART	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: 909 N WASHINGTON ST				
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-1555				

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MICHAEL R MOSER, ESQ	MICHAEL R MOSER, ESQ,	8/18/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.