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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathum
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 816757 (9)

1. Corporation Name

THE CHESAPEAKE LIFE INSURANCE COMPANY

Principal Place of Business

501 W 144 SERVICE RD
STE 400
OKLAHOMA CITY OK 73118
US

Mailing Address

501 W 144 SERVICE RD
STE 400
OKLAHOMA CITY OK 73118
US

2. Principal Place of Business

2a. Mailing Address

21 State: Apt #, etc.

26 State: Apt #, etc.

22 City & State

27 City & State

23 Zip

25 County

28 Zip

30 County

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(9), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05(3), Florida Statutes.

SIGNATURE

Signature of President or Officer or Director

Signature of Registered Agent

DATE

12. SIGNATURE OF OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY	STATE	ZIP
PD PENDOLA, EMMANUEL J	4001 MCEWEN DR 200	DALLAS TX		
SDV VLACH, ROBERT B	4001 MCEWEN DR 200	DALLAS TX		
T HAUPTMAN, MARK D	4001 MCEWEN DR 200	DALLAS TX		
DC ESTELL, RICHARD J	4001 MCEWEN DR 200	DALLAS TX		
DV PRATER, CHARLES T	501 W 144 SERVICE RD 400	OKLAHOMA CITY OK		
DV WOELKE, VERNON R	4001 MCEWEN DR 200	DALLAS TX		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
14 NAME	14 STREET ADDRESS	14 CITY	14 STATE	14 ZIP		
24 NAME	24 STREET ADDRESS	24 CITY	24 STATE	24 ZIP		
34 NAME	34 STREET ADDRESS	34 CITY	34 STATE	34 ZIP		
44 NAME	44 STREET ADDRESS	44 CITY	44 STATE	44 ZIP		
54 NAME	54 STREET ADDRESS	54 CITY	54 STATE	54 ZIP		
64 NAME	64 STREET ADDRESS	64 CITY	64 STATE	64 ZIP		
74 NAME	74 STREET ADDRESS	74 CITY	74 STATE	74 ZIP		
84 NAME	84 STREET ADDRESS	84 CITY	84 STATE	84 ZIP		
94 NAME	94 STREET ADDRESS	94 CITY	94 STATE	94 ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b) Florida Statutes. I further certify that the information included on this annual report or supplementary annual 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 registered or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or change, or on an attachment with an annex.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 23, 1996

(405) 848-0179

CR2E034 (12/95)