

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90038 008 ***150.00

DOCUMENT # 824774

1. Entity Name
CHASE INSURANCE LIFE AND ANNUITY COMPANY



Principal Place of Business
**2500 WESTFIELD DRIVE
ELGIN, IL 60123**

Mailing Address
**2500 WESTFIELD DRIVE
ELGIN, IL 60123**

DO NOT WRITE IN THIS SPACE



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number
04-6046830

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	HARLIN, JAMES L
STREET ADDRESS	2500 WESTFIELD DRIVE
CITY-ST-ZIP	ELGIN, IL 60123
TITLE	CFO
NAME	RIESTERER, JAMIE
STREET ADDRESS	2500 WESTFIELD DRIVE
CITY-ST-ZIP	ELGIN, IL 60123
TITLE	S
NAME	TERWILLEGGER, KENNETH B
STREET ADDRESS	2500 WESTFIELD DRIVE
CITY-ST-ZIP	ELGIN, IL 60123
TITLE	CA
NAME	SCHLINSOG, JEFFREY S
STREET ADDRESS	2500 WESTFIELD DRIVE
CITY-ST-ZIP	ELGIN, IL 60123
TITLE	SVP
NAME	WILTON, WILLIAM H
STREET ADDRESS	2500 WESTFIELD DRIVE
CITY-ST-ZIP	ELGIN, IL 60123

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/18/06

Daytime Phone #

8479307871