

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 816757

Entity Name: THE CHESAPEAKE LIFE INSURANCE COMPANY**Current Principal Place of Business:**9151 BOULEVARD 26
NORTH RICHLAND HILLS, TX 76180**Current Mailing Address:**9151 BOULEVARD 26
NORTH RICHLAND HILLS, TX 76180 US**FEI Number:** 52-0676509**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E GAINES ST
TALLAHASSEE, FL 32399-0000 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 DIRECTOR, CHAIRMAN, PRESIDENT,
CEO
Name FASOLA, KENNETH J
Address 9151 BOULEVARD 26
City-State-Zip: NORTH RICHLAND HILLS TX 76180

Title DIRECTOR
Name STAHL, MICHAEL Z
Address 9151 BOULEVARD 26
City-State-Zip: NORTH RICHLAND HILLS TX 76180

Title SECRETARY AND GENERAL
COUNSEL
Name LEWIS-DAVID, JENNIFER L
Address 6220 OLD DOBBIN LANE
LIBERTY 6, SUITE 200
City-State-Zip: COLUMBIA MD 21045

Title DIRECTOR
Name CARR, PATRICK F
Address 7440 WOODLAND DRIVE
City-State-Zip: INDIANAPOLIS IN 46278

Title DIRECTOR, EXECUTIVE VICE
PRESIDENT, CFO
Name DUKE, DERRICK A
Address 9151 BOULEVARD 26
City-State-Zip: NORTH RICHLAND HILLS TX 76180

Title TREASURER AND CHIEF
INVESTMENT OFFICER
Name GILL, PETER M
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR, SENIOR VICE PRESIDENT
FINANCE
Name SCHOETTLE, JEREMY M
Address 7440 WOODLAND DRIVE
City-State-Zip: INDIANAPOLIS IN 46278

Title DIRECTOR
Name FRANK, JOHN F
Address 7440 WOODLAND DRIVE
City-State-Zip: INDIANAPOLIS IN 46278

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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: PEGGY G SIMPSON**AUTHORIZED PARTY****03/11/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	GABRIEL, JAMES M
Address	9900 BREN ROAD EAST
City-State-Zip:	MINNETONKA MN 55347