

**2022 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  
Name PATRICK FRANCIS, CARR  
Address 7440 WOODLAND DRIVE  
City-State-Zip: INDIANAPOLIS IN 46278

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

Title DIRECTOR  
Name JAMES MARK, GABRIEL  
Address 2020 INNOVATION COURT,  
City-State-Zip: ,DE PERE, WI 54115

Title DIRECTOR  
Name JEREMY MICHAEL, SCHOETTLE  
Address 7440 WOODLAND DRIVE  
City-State-Zip: INDIANAPOLIS IN 46278

Title DIRECTOR  
Name MARK HENRY, SMITH  
Address 9151 BOULEVARD 26,  
City-State-Zip: NORTH RICHLAND HILLS, TX 76180

Title DIRECTOR  
Name DANIEL SCOTT, GARRISON  
Address 9151 BOULEVARD 26  
City-State-Zip: NORTH RICHLAND HILLS TX 76180

Title PRESIDENT  
Name MARK HENRY, SMITH  
Address 9151 BOULEVARD 26,  
City-State-Zip: NORTH RICHLAND HILLS TX 76180

Title VP  
Name TARYN SARAH, RISUCCI  
Address 9151 BOULEVARD 26  
City-State-Zip: NORTH RICHLAND HILLS TX 76180

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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: LEWIS-DAVID , JENNIFER LUNDGREN****SECRETARY****04/27/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name NYLE BRENT, COTTINGTON  
Address 9800 HEALTH CARE LANE, MN006-W  
City-State-Zip: MINNETONKA MN 55343

Title TREASURER  
Name PETER MARSHALL, GILL  
Address 9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

Title SECRETARY  
Name LEWIS-DAVID, JENNIFER LUNDGREN  
Address JENNIFER LUNDGREN  
City-State-Zip: COLUMBIA MD 21044