FEI Number: 52-0676509

CHIEF FINANCIAL OFFICER 200 E GAINES ST TALLAHASSEE, FL 32399-0000 US

DOCUMENT# 816757

9151 BOULEVARD 26

MN006-W500

Current Principal Place of Business:

NORTH RICHLAND HILLS, TX 76180

MINNETONKA, MN 55343 US

Current Mailing Address: 9800 HEALTH CARE LANE

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

Name and Address of Current Registered Agent:

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

Entity Name: THE CHESAPEAKE LIFE INSURANCE COMPANY

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	Officer/Director Detail :							
	Title	DIRECTOR	Title	DIRECTOR				
	Name	GABRIEL, JAMES MARK	Name	MASON, JAMES CHRISTOPHER				
	Address	2020 INNOVATION COURT	Address	3400 N. ASHTON BLVD. STE. 450				
	City-State-Zip:	DE PERE WI 54115	City-State-Zip:	LEHI UT 84043				
	Title Name	DIRECTOR GARRISON, DANIEL SCOTT	Title	PRESIDENT, DIRECTOR, CHAIRMAN				
	Address	9151 BOULEVARD 26	Name	COSGRIFF, JOHN WILLIAM				
			Address	9700 HEALTH CARE LANE				
	City-State-Zip:		City-State-Zip:	MINNETONKA MN 55343				
	Title	VP	Title	VP				
	Name	RISUCCI, TARYN SARAH	Name	COTTINGTON, NYLE BRENT				
	Address	9151 BOULEVARD 26	Address	9800 HEALTH CARE LANE				
C	City-State-Zip:	NORTH RICHLAND HILLS TX 76180	City-State-Zip:	MINNETONKA MN 55343				
	Title	SECRETARY, GENERAL COUNSEL	Title	TREASURER, CHIEF INVESTMENT OFFICER				
	Name	LEWIS-DAVID, JENNIFER LUNDGREN						
	Address	10175 LITTLE PATUXENT	Name	GILL, PETER MARSHALL				
	City-State-Zip:	COLUMBIA MD 21044	Address	9900 BREN ROAD EAST				
			City-State-Zip:	MINNETONKA MN 55343				

Continues on page 2

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: HEATHER ANASTASIA LANG

ASSISTANT SECRETARY 04/23/2023

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

Date

Officer/Director Detail Continued :

Title	CFO, DIRECTOR	Title	ASSISTANT SECRETARY
Name	ANSARI, AHMAD ISAM	Name	LANG, HEATHER ANASTASIA
Address	9151 BOULEVARD 26	Address	9900 BREN ROAD EAST
City-State-Zip:	NORTH RICHLAND HILLS TX 76180	City-State-Zip:	MINNETONKA MN 55343