FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **813799** **(4)**

1. Corporation Name
CHARTER NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
8301 MARYLAND AVE ST LOUIS MISSOURI 63105	399 MARKET STREET TAX DEPT- 5TH FLOOR PHILADELPHIA PA 19181-0001 US

3. Date Incorporated or Qualified: **08/10/1959**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **43-0708954** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA, CAPITAL BLDG.
TALLAHASSEE FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	11 TITLE	P/D	☒ Change ☐ Addition
NAME	BARSTEAD, GREGORY R.		12 NAME		
STREET ADDRESS	399 MARKET STREET		13 STREET ADDRESS	212 WYNCOTE ROAD	
CITY-ST-ZIP	PHILADELPHIA PA		14 CITY-ST-ZIP	JENKINTOWN, PA 19046	
TITLE	CPD	☐ DELETE	21 TITLE	C/D	☒ Change ☐ Addition
NAME	PETITT, RICHARD G.		22 NAME		
STREET ADDRESS	399 MARKET ST		23 STREET ADDRESS	4415 S.E. HAIG POINT COURT	
CITY-ST-ZIP	PHILADELPHIA PA		24 CITY-ST-ZIP	STUART, FLORIDA 34997	
TITLE	V	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	SENTNER, TIMOTHY C.		32 NAME		
STREET ADDRESS	399 MARKET STREET		33 STREET ADDRESS	9 HIDDEN ACRES DRIVE	
CITY-ST-ZIP	PHILADELPHIA PA		34 CITY-ST-ZIP	VINCENTOWN, NJ 08088	
TITLE	VTD	☒ DELETE	41 TITLE	V	☐ Change ☒ Addition
NAME	SHERMAN, DAVID K.		42 NAME	DAVID L. BAXTER	
STREET ADDRESS	315 PARK AVENUE SOUTH		43 STREET ADDRESS	1635 WAVERLY ROAD	
CITY-ST-ZIP	NEW YORK NY		44 CITY-ST-ZIP	GLADWYNE, PA 19035	
TITLE	VCD	☐ DELETE	51 TITLE	V/T	☒ Change ☐ Addition
NAME	CLIFFORD, ELIZABETH A		52 NAME		
STREET ADDRESS	399 MARKET STREET		53 STREET ADDRESS	1245 MEETING HOUSE ROAD	
CITY-ST-ZIP	PHILADELPHIA PA		54 CITY-ST-ZIP	NORTH WALES, PA 19454	
TITLE	VS	☐ DELETE	61 TITLE		☒ Change ☐ Addition
NAME	BERG, ALEXIS M.		62 NAME		
STREET ADDRESS	399 MARKET STREET		63 STREET ADDRESS	200 LOCUST STREET #270	
CITY-ST-ZIP	PHILADELPHIA PA		64 CITY-ST-ZIP	PHILA., PA 19106	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ 4/25/97 (215)938-6413