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FILED

May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

8301 MARYLAND AVE  
ST LOUIS MISSOURI 63105

Mailing Address

399 MARKET STREET  
TAX DEPT- 5TH FLOOR  
PHILADELPHIA PA 19181  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1959

4. FEI Number

43-0708954

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
STATE OF FLORIDA, CAPITAL BLDG.  
TALLAHASSEE FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE PD  
NAME BARSTEAD, GREGORY R.  
STREET ADDRESS 212 WYNCOTE ROAD  
CITY-ST-ZIP JENKINTOWN PA ☒ DELETE

TITLE CD  
NAME PETITT, RICHARD G.  
STREET ADDRESS 4415 SE HAIGH POINT COURT  
CITY-ST-ZIP STUART FL ☐ DELETE

TITLE V  
NAME SENTNER, TIMOTHY C.  
STREET ADDRESS 9 HIDDEN ACRES DRIVE  
CITY-ST-ZIP VINCENTOWN NJ ☐ DELETE

TITLE V  
NAME BAXTER, DAVID L  
STREET ADDRESS 1835 WAVERLY ROAD  
CITY-ST-ZIP GLADWYNE PA ☐ DELETE

TITLE VT  
NAME CLIFFORD, ELIZABETH A  
STREET ADDRESS 1245 MEETING HOUSE ROAD  
CITY-ST-ZIP NORTH WALES PA ☐ DELETE

TITLE VS  
NAME BERG, ALEXIS M.  
STREET ADDRESS 200 LOCUST STREET #278  
CITY-ST-ZIP PHILADELPHIA PA ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V  
1.2 NAME A. SALES MILLER  
1.3 STREET ADDRESS 8301 MARYLAND AVENUE  
1.4 CITY-ST-ZIP ST. LOUIS, MO 63105 ☐ Change ☒ Addition

2.1 TITLE PD  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE SD  
6.2 NAME JOHN R. PETROWSKI  
6.3 STREET ADDRESS 122 FIFTH AVENUE  
6.4 CITY-ST-ZIP NEW YORK, NY 10011 ☐ Change ☒ Addition

14. I 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 to this report.

CR2E034 (10/97)