

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813799

FILED
Apr 15, 2011
Secretary of State

Entity Name: CHARTER NATIONAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

3100 SANDERS RD
NORTHBROOK, IL 600627154 US

New Principal Place of Business:

Current Mailing Address:

3075 SANDERS RD
STE H1A
NORTHBROOK, IL 600627127 US

New Mailing Address:

FEI Number: 43-0708954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: GVP
Name: PILCH, SAMUEL H
Address: 3075 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

Title: PR
Name: EASLEY, MATTHEW S
Address: 3100 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

Title: SEC
Name: LEES, SUSAN L
Address: 3100 SANDERS RD
City-St-Zip: NORTHBROOK, IL 60062

Title: SVP
Name: GREFFIN, JUDITH P
Address: 3075 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

Title: DR
Name: PINTOZZI, JOHN C
Address: 3100 SANDERS RD
City-St-Zip: NORTHBROOK, IL 60062

Title: DR
Name: EASLEY, MATTHEW S
Address: 3100 SANDERS RD
City-St-Zip: NORTHBROOK, IL 60062

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: LYNN CIRINCIONE

AREP

04/15/2011

Electronic Signature of Signing Officer or Director

Date