

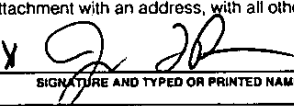


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 814902</b> 1. Entity Name <b>CHASE INSURANCE LIFE COMPANY</b>						<b>FILED</b>  <b>05 OCT 18 AM 8:22</b>  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1600 MCCONNOR PKWY</b> <b>SCHAUMBURG, IL 60196 US</b>				Mailing Address <b>1600 MCCONNOR PKWY</b> <b>SCHAUMBURG, IL 60196 US</b>			
2. Principal Place of Business <b>2500 WESTFIELD DR</b>		3. Mailing Address <b>2500 WESTFIELD DR</b>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10072005 REIN-P CR2E098 (6/04)			
City & State <b>ELGIN, IL</b>		City & State <b>ELGIN, IL</b>		4. FEI Number <b>36-6071398</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>60123</b>		Country <b>USA</b>		Zip <b>60123</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent			
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				7. Name and Address of New Registered Agent			
Name				Street Address (P.O. Box Number is Not Acceptable)			
City				300060692123 10/18/05--01006--00 FL #21604410			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HARLIN, JAMES L 1600 MCCONNOR PKWY SCHAUMBURG, IL 60196	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2500 WESTFIELD DR ELGIN, IL 60123		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV REISTERER, JAMIE 1600 MCCONNOR PKWY SCHAUMBURG, IL 60196	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2500 WESTFIELD DR ELGIN, IL 60123		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WORF, JEFF A 1600 MCCONNOR PKWY SCHAUMBURG, IL 60196	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY KENDRITH B. TERWILLIGER 2500 WESTFIELD DR ELGIN, IL 60123		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CA SCHLINSOG, JEFFREY S 1600 MCCONNOR PKWY SCHAUMBURG, IL 60196	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2500 WESTFIELD DR ELGIN, IL 60123		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPA WILTON, WILLIAM H 1600 MCCONNOR PARKWAY SCHAUMBURG, IL 60196	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2500 WESTFIELD DR ELGIN, IL 60123		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/24			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				- CFO		10/7/05 847930 7871	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	