

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90093 021 ***150.00

DOCUMENT # 814921

1. Entity Name

~~THE OHIO LIFE INSURANCE COMPANY~~
~~CHASE LIFE & ANNUITY COMPANY~~

Principal Place of Business

3415 VISION DR
COLUMBUS OH 43219

Mailing Address

802 DELAWARE AVE
WILMINGTON DE 19801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **31-0501247**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GENTRY, BILL
500 WINDERLEY PL
STE 200
MAITLAND FL 32751

Name

CT CORPORATION SYSTEM

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

C/O CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

City

Plantation

FL

Zip Code

33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Barbara A. Burke

(NOTE: Registered Agent signature required when reinstating)

BARBARA A. BURKE

SPECIAL ASSISTANT SECRETARY

DATE

4-18-01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CFOT	<input checked="" type="checkbox"/> Delete
NAME	PORTER, BARRY	
STREET ADDRESS	136 NO THIRD ST	
CITY-ST-ZIP	HAMILTON OH	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	MARCUM, JOSEPH L	
STREET ADDRESS	136 NO THIRD ST	
CITY-ST-ZIP	HAMILTON OH	
TITLE	SVPD	<input checked="" type="checkbox"/> Delete
NAME	SLONEKER, HOWARD III	
STREET ADDRESS	136 NO THIRD ST	
CITY-ST-ZIP	HAMILTON OH	
TITLE	VCEO	<input checked="" type="checkbox"/> Delete
NAME	PATCH, LAUREN N	
STREET ADDRESS	136 NO THIRD ST	
CITY-ST-ZIP	HAMILTON OH	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOWE, JEFFREY D	
STREET ADDRESS	136 NO THIRD ST	
CITY-ST-ZIP	HAMILTON OH	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Gregory Petrylak	
STREET ADDRESS	251 West 74th Street, #3B	
CITY-ST-ZIP	New York, NY 10023	
TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Henry Hoefling	
STREET ADDRESS	335 Old Army Road	
CITY-ST-ZIP	Basking Ridge, NJ 07920	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Gregory Harrington	
STREET ADDRESS	1600 Fawn Court	
CITY-ST-ZIP	Worthington, Ohio	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerald Allen Goetz	
STREET ADDRESS	801 Lindenhaven Road	
CITY-ST-ZIP	Gahanna, Ohio	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terry Lee Gentry	
STREET ADDRESS	7025 Temperance Point St.	
CITY-ST-ZIP	Westerville, Ohio 43082	
TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Alan Martin	
STREET ADDRESS	94 Route 612, Box 442	
CITY-ST-ZIP	Johnsonburg, NJ 07846	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas F. Grillo

Thomas F. Grillo

3/18/01

Date

212-622-3939

Daytime Phone #

CR2E034 (10/00)