

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90021 013 ***550.00

DOCUMENT # 814921 1. Entity Name CHASE LIFE & ANNUITY COMPANY					
Principal Place of Business 500 STANTON CHRISTIANA 2 OPS 1 NEWARK, DE 19713			Mailing Address 500 STANTON CHRISTIANA 2 OPS 1 NEWARK, DE 19713		
2. Principal Place of Business		3. Mailing Address 2500 WESTFIELD DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State ELGIN, IL		4. FEI Number 31-0501247	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 60124		Country USA		07032006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARLIN, JAMES L 500 STANTON CHRISTIANA NEWARK, DE 19713	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, CEO John Johns 2500 Westfield Dr. Elgin, IL 60124	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUJA, ARTHUR T 500 STANTON CHRISTIANA NEWARK, DE 19713	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. VP, Secretary & Gen. Counsel Deborah Joyce Long 2500 WESTFIELD DR ELGIN, IL 60124	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIESTERER, JAMIE L 500 STANTON CHRISTIANA NEWARK, DE 19713	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXEC VP, CFO Allen Walker Ritchie 2500 WESTFIELD DR ELGIN, IL 60124	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLINSOG, JEFFREY S 500 STANTON CHRISTIANA NEWARK, DE 19713	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. VP, Chief Actuary Wayne Edmund Stulenkel 2500 WESTFIELD DR ELGIN, IL 60124	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr VP, Controller & Chief Act off Steven Glenn Walker 2500 WESTFIELD DR ELGIN, IL 60124	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr VP, Chief Inv Off & Treas Richard Joseph Bielen 2500 WESTFIELD DR ELGIN, IL 60124	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:			CHRIS HARDEN - Controller 8479307871		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		