FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:57

DOCUMENT # **816757** **(9)**

1. Corporation Name
THE CHESAPEAKE LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
501 W I-44 SERVICE RD STE 400 OKLAHOMA CITY OK 73118 US	501 W I-44 SERVICE RD STE 400 OKLAHOMA CITY OK 73118 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/11/1963
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 52-0676509 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	☐ Change ☐ Addition	
NAME	PENDOLA, EMMANUEL J	12 NAME		
STREET ADDRESS	4001 MCEWEN DR 200	13 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX	14 CITY-ST-ZIP		
TITLE	SDV	21 TITLE	☐ Change ☐ Addition	
NAME	VLACH, ROBERT B	22 NAME		
STREET ADDRESS	4001 MCEWEN DR 200	23 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX	24 CITY-ST-ZIP		
TITLE	T	31 TITLE	☐ Change ☐ Addition	
NAME	HAUPTMAN, MARK D	32 NAME		
STREET ADDRESS	4001 MCEWEN DR 200	33 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX	34 CITY-ST-ZIP		
TITLE	DC	41 TITLE	☐ Change ☐ Addition	
NAME	ESTELL, RICHARD J	42 NAME		
STREET ADDRESS	4001 MCEWEN DR 200	43 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX	44 CITY-ST-ZIP		
TITLE	DV	51 TITLE	☐ Change ☐ Addition	
NAME	PRATER, CHARLES T	52 NAME		
STREET ADDRESS	501 W I44 SERVICE RD 400	53 STREET ADDRESS		
CITY-ST-ZIP	OKLAHOMA CITY OK	54 CITY-ST-ZIP		
TITLE	DV	61 TITLE	☒ Change ☐ Addition	
NAME	ERDENBERGER, RICHARD W	62 NAME	Woolke, Vernon R.	
STREET ADDRESS	4001 MCEWEN DR 200	63 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added to the report.

SIGNATURE: Mark Hauptman Mark D. Hauptman 3/10/95 (214) 960-8487
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0480624 FP