FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

2. Principal Place of Business	2a. Mailing Address
21	26
22 State, Apt. #, etc.	27 State, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: **03/11/1963**

3a. Date of Last Report: **03/08/1995**

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 subsidy for intangible tax under s. 199.032, Florida Statutes [ ] Yes [X] 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

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	PENDOLA, EMMANUEL J	
STREET ADDRESS	4001 MCEWEN DR 200	
CITY-ST-ZIP	DALLAS TX	
TITLE	SDV	[ ] DELETE
NAME	VLACH, ROBERT B	
STREET ADDRESS	4001 MCEWEN DR 200	
CITY-ST-ZIP	DALLAS TX	
TITLE	T	[ ] DELETE
NAME	HAUPTMAN, MARK D	
STREET ADDRESS	4001 MCEWEN DR 200	
CITY-ST-ZIP	DALLAS TX	
TITLE	DC	[ ] DELETE
NAME	ESTELL, RICHARD J	
STREET ADDRESS	4001 MCEWEN DR 200	
CITY-ST-ZIP	DALLAS TX	
TITLE	DV	[ ] DELETE
NAME	PRATER, CHARLES T	
STREET ADDRESS	501 W I44 SERVICE RD 400	
CITY-ST-ZIP	OKLAHOMA CITY OK	
TITLE	DV	[ ] DELETE
NAME	WOELKE, VERNON R	
STREET ADDRESS	4001 MCEWEN DR 200	
CITY-ST-ZIP	DALLAS TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	[ ] Change	[ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE	[ ] Change	[ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE	[ ] Change	[ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE	[ ] Change	[ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE	[ ] Change	[ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE	[ ] Change	[ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (12/95)

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 business agent appointed to file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by this amendment with an arrow.

SIGNATURE: Mark Hauptman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 23, 1996
Date

(405) 848-0179
Daytime Phone #