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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

501 W I-44 SERVICE RD
STE 400
OKLAHOMA CITY OK 73118
US

Mailing Address

501 W I-44 SERVICE RD
STE 400
OKLAHOMA CITY OK 73118-6068
US

3. Date Incorporated or Qualified

03/11/1963

3a. Date of Last Report

03/05/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PENDOLA, EMMANUEL J	
STREET ADDRESS	4001 MCEWEN DR 200	
CITY - ST - ZIP	DALLAS TX	
TITLE	SDV	<input type="checkbox"/> DELETE
NAME	VLACH, ROBERT B	
STREET ADDRESS	4001 MCEWEN DR 200	
CITY - ST - ZIP	DALLAS TX	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HAUPTMAN, MARK D	
STREET ADDRESS	4001 MCEWEN DR 200	
CITY - ST - ZIP	DALLAS TX	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	ESTELL, RICHARD J	
STREET ADDRESS	4001 MCEWEN DR 200	
CITY - ST - ZIP	DALLAS TX	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PRATER, CHARLES T	
STREET ADDRESS	501 W I44 SERVICE RD 400	
CITY - ST - ZIP	OKLAHOMA CITY OK	
TITLE	DV	<input type="checkbox"/> 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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T
3.3 STREET ADDRESS	PALACIOS, MARIA C
3.4 CITY - ST - ZIP	4001 MCEWEN DR 200 DALLAS TX
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address.

SIGNATURE:

Emmanuel J. Pendola
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-97

Date

(405) 848-0179

Daytime Phone

CR2E034 (9/96)