

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 816757**

1. Entity Name

THE CHESAPEAKE LIFE INSURANCE COMPANY**FILED**
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90298 001 ***150.00

645400

DO NOT WRITE IN THIS SPACE

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 US	
2. Principal Place of Business 1331 W. Memorial Road Suite, Apt. #, etc. Suite 112 City & State Oklahoma City, OK Zip 73114 Country Oklahoma		3. Mailing Address 1331 W. Memorial Road Suite, Apt. #, etc. Suite 112 City & State Oklahoma City, OK Zip 73114 Country Oklahoma	
4. FEI Number 52-0676509		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PENDOLA, EMMANUEL J 4001 MCEWEN DR 200 DALLAS TX <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDV VLACH, ROBERT B 4001 MCEWEN DR 200 DALLAS TX <input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PALACIOS, MARIA C 4001 MCEWEN DR 200 DALLAS TX <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC GERMANY, DONNIE R 501 W. I-44 SERVICE RD. STE 400 OKLAHOMA CITY OK 73118 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV PRATER, CHARLES T 501 W I44 SERVICE RD 400 OKLAHOMA CITY OK <input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV WOELKE, VERNON R 4001 MCEWEN DR 200 DALLAS TX <input checked="" type="checkbox"/> Delete		
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV PENDOLA, EMMANUEL J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SIMPSON, PEGGY G 4001 MCEWEN DR 200 DALLAS TX <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV GERMANY, DONNIE R 1331 W.MEMORIAL RD. STE 112 OKLAHOMA CITY OK 73114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HAUPTMAN, MARK D 9151 GRAPEVINE HIGHWAY NORTH RICHLAND HILLS TX 76180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MYHRA, PHILLIP J 9151 GRAPEVINE HIGHWAY NORTH RICHLAND HILLS TX 76180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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: <u>Donnie R. Germany</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Donnie R. Germany 4/16/01 (405) 302-1407 Date Daytime Phone #	

CR2E034 (10/00)