

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 824774	
1. Entity Name CHASE INSURANCE LIFE AND ANNUITY COMPANY	



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 18 AM 9:48

Principal Place of Business 1600 MCCONNOR PKWY SCHAUMBURG, IL 60196-6801	Mailing Address 1600 MCCONNOR PKWY SCHAUMBURG, IL 60196-6801
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REINSTATEMENT 05

2. Principal Place of Business 2500 WESTFIELD DR		3. Mailing Address 2500 WESTFIELD DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ELGIN, IL		City & State ELGIN, IL	
Zip 60123	Country USA	Zip 60123	Country USA



10072005 REIN-P CR2E098 (6/04)

4. FEI Number 04-6046830		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 CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100060721501 City 10/18/05--01072--001 FL #zip Code 00	
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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 \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HARLIN, JAMES L 1600 MCCONNOR PKWY SCHAUMBURG, IL 60196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2500 WESTFIELD DR ELGIN, IL 60123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO RIESTERER, JAMIE 1600 MCCONNOR PKWY SCHAUMBURG, IL 60196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2500 WESTFIELD DR ELGIN, IL 60123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOLF, JEFF A 1600 MCCONNOR PKWY SCHAUMBURG, IL 60196 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SECRETARY KENNETH B. TERWILLEGGER 2500 WESTFIELD DR ELGIN, IL 60123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CA SCHLINSOG, JEFFREY S 1600 MCCONNOR PKWY SCHAUMBURG, IL 60196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2500 WESTFIELD DR ELGIN, IL 60123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP WILTON, WILLIAM H 1600 MCCONNOR PKWY SCHAUMBURG, IL 60196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2500 WESTFIELD DR ELGIN, IL 60123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Q J R -CFO 10/7/05 847 930 7871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #