

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 816757

Entity Name: THE CHESAPEAKE LIFE INSURANCE COMPANY**Current Principal Place of Business:**9151 BOULEVARD 26
NORTH RICHLAND HILLS, TX 76180**Current Mailing Address:**9151 BOULEVARD 26
NORTH RICHLAND HILLS, TX 76180 US**FEI Number:** 52-0676509**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E GAINES ST
TALLAHASSEE, FL 32399-0000 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name PATRICK FRANCIS, CARR
Address 7440 WOODLAND DRIVE
City-State-Zip: INDIANAPOLIS IN 46278

Title DIRECTOR
Name JOHN FREDERICK, FRANK
Address 7440 WOODLAND DRIVE
City-State-Zip: INDIANAPOLIS IN 46278

Title DIRECTOR
Name JAMES MARK, GABRIEL
Address 2020 INNOVATION COURT,
City-State-Zip: ,DE PERE, WI 54115

Title DIRECTOR
Name JEREMY MICHAEL, SCHOETTLE
Address 7440 WOODLAND DRIVE
City-State-Zip: INDIANAPOLIS IN 46278

Title DIRECTOR
Name MARK HENRY, SMITH
Address 9151 BOULEVARD 26,
City-State-Zip: NORTH RICHLAND HILLS, TX 76180

Title DIRECTOR
Name DANIEL SCOTT, GARRISON
Address 9151 BOULEVARD 26
City-State-Zip: NORTH RICHLAND HILLS TX 76180

Title PRESIDENT
Name MARK HENRY, SMITH
Address 9151 BOULEVARD 26,
City-State-Zip: NORTH RICHLAND HILLS TX 76180

Title VP
Name TARYN SARAH, RISUCCI
Address 9151 BOULEVARD 26
City-State-Zip: NORTH RICHLAND HILLS TX 76180

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEWIS-DAVID , JENNIFER LUNDGREN**SECRETARY****04/27/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name NYLE BRENT, COTTINGTON
Address 9800 HEALTH CARE LANE, MN006-W
City-State-Zip: MINNETONKA MN 55343

Title TREASURER
Name PETER MARSHALL, GILL
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

Title SECRETARY
Name LEWIS-DAVID, JENNIFER LUNDGREN
Address JENNIFER LUNDGREN
City-State-Zip: COLUMBIA MD 21044