

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 801519 (0)
1. Corporation Name
NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE



Principal Place of Business 222 S. RIVERSIDE PLAZA P. O. BOX 466 CHICAGO IL 60606	Mailing Address 222 S. RIVERSIDE PLAZA P. O. BOX 466 CHICAGO IL 60606
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/04/1921	
4. FEI Number 36-2428931		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent	

**FLORIDA STATE INSURANCE COMMISSION
THE CAPITOL
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EV <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOELLER, P. H.	1.2 NAME	Watson, John Cecil
STREET ADDRESS	1714 W SUNNYSIDE	1.3 STREET ADDRESS	222 S. Riverside Plaza
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	Chicago, IL 60606
TITLE	AS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEITNER, E.	2.2 NAME	Craig II, John James
STREET ADDRESS	2450 COBBLEWOOD DR.	2.3 STREET ADDRESS	222 S. Riverside Plaza
CITY-ST-ZIP	NORTHBROOK IL	2.4 CITY-ST-ZIP	Chicago, IL 60606
TITLE	DP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD, V. F.	3.2 NAME	Barger Jr., Maurice William
STREET ADDRESS	2131 N. CLARK #6	3.3 STREET ADDRESS	222 S. Riverside Plaza
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	Chicago, IL 60606
TITLE	VT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V/S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOYLE, J. P	4.2 NAME	Horvat, Stephen Paul
STREET ADDRESS	827 INDIAN TRAIL DR	4.3 STREET ADDRESS	222 S. Riverside Plaza
CITY-ST-ZIP	PALOS PARK IL	4.4 CITY-ST-ZIP	Chicago, IL 60606
TITLE	AVP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THESEN, BRUCE	5.2 NAME	Turner, Edward Arthur
STREET ADDRESS	222 S. RIVERSIDE PLAZA	5.3 STREET ADDRESS	222 S. Riverside Plaza
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	Chicago, IL 60606
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	V/Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Thomas M. Meyer
STREET ADDRESS		6.3 STREET ADDRESS	222 S. Riverside Plaza
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Chicago, IL 60606

14. 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 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: *Thomas M. Meyer* 4/16/98 (605) 225-3300

CR2E034 (10/97)