

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 801519

FILED
Apr 19, 2006
Secretary of State

Entity Name: NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE

Current Principal Place of Business:

525 WEST VAN BUREN
CHICAGO, IL 60607

New Principal Place of Business:

Current Mailing Address:

C/O MIDLAND NAT'L LIFE
ONE MIDLAND PLAZA
SIOUX FALLS, SD 571930001

New Mailing Address:

FEI Number: 36-2428931 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA DIRECTOR OF INSURANCE
PO BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIDLEHUBER, RONALD H
Address: 525 WEST VAN BUREN
City-St-Zip: CHICAGO, IL 60607

Title: DV () Delete
Name: CRAIG, JOHN J II
Address: 525 WEST VAN BUREN
City-St-Zip: CHICAGO, IL 60607

Title: VSD () Delete
Name: HORVAT, STEPHEN P JR
Address: 525 WEST VAN BUREN
City-St-Zip: CHICAGO, IL 60607

Title: D () Delete
Name: BAKER, RONALD C
Address: 5342 S. SHORE DR.
City-St-Zip: CHICAGO, IL 60615

Title: VT () Delete
Name: MEYER, THOMAS M
Address: 525 WEST VAN BUREN
City-St-Zip: CHICAGO, IL 60607

Title: D () Delete
Name: BUNN, WILLIARD II
Address: 9 MARKET SQUARE COURT
City-St-Zip: LAKE FOREST, IL 60045

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VT (X) Change () Addition
Name: MEYER, THOMAS M
Address: ONE MIDLAND PLAZA
City-St-Zip: SIOUX FALLS, SD 571930001

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS M. MEYER

VT

04/19/2006

Electronic Signature of Signing Officer or Director

_____ Date