FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **812200** **(4)**

1. Corporation Name

LIFE INSURANCE COMPANY OF NORTH AMERICA

Principal Place of Business

% HARRY E HOYT
1601 CHESTNUT ST.. TWO LIBERTY PLACE
PHILADELPHIA PA 19192

Mailing Address

% HARRY E HOYT
1601 CHESTNUT ST.. TWO LIBERTY PLACE
PHILADELPHIA PA 19192

2. Principal Place of Business
21
Suite, Apt. # etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

3. Date Incorporated or Qualified: **09/12/1957**

3a. Date of Last Report: **04/20/1995**

4. FEI Number: **23-1503749** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	ABRAHAM, LYNN E.		12 NAME	
STREET ADDRESS	1601 CHESTNUT ST		13 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA		14 CITY-ST-ZIP	
TITLE	V	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	BROWNMILLER, RICHARD A		22 NAME	
STREET ADDRESS	1601 CHESTNUT ST		23 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA		24 CITY-ST-ZIP	
TITLE	VD	☒ DELETE	31 TITLE	DV ☒ Change ☐ Addition
NAME	PREMINGER, MARC L		32 NAME	Tomb, Benjamin J
STREET ADDRESS	1601 CHESTNUT ST		33 STREET ADDRESS	1601 Chestnut St
CITY-ST-ZIP	PHILADELPHIA PA		34 CITY-ST-ZIP	Phila. Pa. 19192
TITLE	S	☒ DELETE	41 TITLE	S ☒ Change ☐ Addition
NAME	HESSING, ILANA G		42 NAME	Mulligan, George D
STREET ADDRESS	1601 CHESTNUT ST		43 STREET ADDRESS	1601 Chestnut St.
CITY-ST-ZIP	PHILADELPHIA PA 19192		44 CITY-ST-ZIP	Phila. PA 19192
TITLE	PCD	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	LEONARD,, JOHN K		52 NAME	900001762089
STREET ADDRESS	1601 CHESTNUT ST		53 STREET ADDRESS	-03/29/96--01014--019
CITY-ST-ZIP	PHILADELPHIA PA 19192		54 CITY-ST-ZIP	***3000.00
TITLE	V	☒ DELETE	61 TITLE	VT ☒ Change ☐ Addition
NAME	DONATONE, STEVEN T		62 NAME	Brenlin, Mary F
STREET ADDRESS	1601 CHESTNUT ST		63 STREET ADDRESS	1601 Chestnut St
CITY-ST-ZIP	PHILADELPHIA PA		64 CITY-ST-ZIP	Phila. Pa. 19192

JV 3.28

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: George D Mulligan 3/18/96 761-2907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)