

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 812200 (4)

1. Corporation Name
LIFE INSURANCE COMPANY OF NORTH AMERICA

Principal Place of Business % HARRY E HOYT 1801 CHESTNUT ST., TWO LIBERTY PLACE PHILADELPHIA PA 19182	Mailing Address % HARRY E HOYT 1801 CHESTNUT ST., TWO LIBERTY PLACE PHILADELPHIA PA 19182-0003
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/12/1957	3a. Date of Last Report 03/28/1996
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FFI Number 23-1503749	Applied For Not Applicable
25	26	27	28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29	30	31	32	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
				FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	VD
NAME	ABRAHAM, LYNN E.	1.2 NAME	Gregory A. Deming
STREET ADDRESS	1601 CHESTNUT ST	1.3 STREET ADDRESS	1601 Chestnut Street
CITY-ST-ZIP	PHILADELPHIA PA	1.4 CITY-ST-ZIP	Philadelphia, PA 19192
	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	
TITLE	V	2.2 NAME	
NAME	BROWNMILLER, RICHARD A	2.3 STREET ADDRESS	
STREET ADDRESS	1601 CHESTNUT ST	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	PHILADELPHIA PA	3.1 TITLE	VD
	<input type="checkbox"/> DELETE	3.2 NAME	Kathleen A. McEndy
TITLE	DV	3.3 STREET ADDRESS	1601 Chestnut Street
NAME	TOMB, BENJAMIN J	3.4 CITY-ST-ZIP	Philadelphia, PA 19192
STREET ADDRESS	1601 CHESTNUT ST	4.1 TITLE	
CITY-ST-ZIP	PHILADELPHIA PA 19192	4.2 NAME	
	<input checked="" type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE	S	4.4 CITY-ST-ZIP	
NAME	MULLIGAN, GEORGE D	5.1 TITLE	
STREET ADDRESS	1601 CHESTNUT ST	5.2 NAME	
CITY-ST-ZIP	PHILADELPHIA PA 19192	5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE	PCD	6.1 TITLE	VT
NAME	LEONARD, JOHN K	6.2 NAME	Paul Bergsteinsson
STREET ADDRESS	1601 CHESTNUT ST	6.3 STREET ADDRESS	1601 Chestnut Street
CITY-ST-ZIP	PHILADELPHIA PA 19192	6.4 CITY-ST-ZIP	Philadelphia, PA 19192
	<input type="checkbox"/> DELETE		
TITLE	VT		
NAME	BLENDER, MARCY F		
STREET ADDRESS	1601 CHESTNUT ST		
CITY-ST-ZIP	PHILADELPHIA PA 19192		
	<input checked="" type="checkbox"/> DELETE		

14. I do 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: *Benjamin J. Tomb* 1/9/97 215 761-1231

CR2E034 (9/96)