

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90209 008 \*\*\*150.00

19/2000

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| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
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**DOCUMENT # 812200**

1. Corporation Name  
**LIFE INSURANCE COMPANY OF NORTH AMERICA**



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| Principal Place of Business<br>% GEORGE D. MULLIGAN<br>1601 CHESTNUT ST., TWO LIBERTY PLACE<br>PHILADELPHIA PA 19192 | Mailing Address<br>% GEORGE D. MULLIGAN<br>1601 CHESTNUT ST., TWO LIBERTY PLACE<br>PHILADELPHIA PA 19192 |
|--|--|

DO NOT WRITE IN THIS SPACE

|  |   |
|--|---|
| 3. Date Incorporated or Qualified<br><b>09/12/1957</b>   |   |
| 2. Principal Place of Business<br>21 c/o Robert J. Upton<br>Suite, Apt. #, etc.<br>22 1601 Chestnut St.<br>City & State<br>23 Philadelphia, PA 19192<br>Zip Country<br>24 25 | 2a. Mailing Address<br>26 c/o Robert J. Upton<br>Suite, Apt. #, etc.<br>27 1601 Chestnut St.<br>City & State<br>28 Philadelphia, PA 19192<br>Zip Country<br>29 30 |
| 4. FEI Number<br><b>23-1503749</b>   | Applied For<br><input type="checkbox"/> Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required   |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees  |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |

|  |   |
|--|---|
| 9. Name and Address of Current Registered Agent<br><b>INSURANCE COMMISSIONER<br/>                 CAPITOL BLDG<br/>                 TALLAHASSEE FL 32301</b> | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 85 Zip Code |
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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<br>VD                          | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE<br>VD                                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br>DEMING, GREGORY A            |  | 1.2 NAME<br>Braunstein, Joseph F., Jr.                |  |
| STREET ADDRESS<br>1601 CHESTNUT ST   |  | 1.3 STREET ADDRESS<br>1601 Chestnut St.               |  |
| CITY-ST-ZIP<br>PHILADELPHIA PA       |  | 1.4 CITY-ST-ZIP<br>Philadelphia, PA 19192             |  |
| TITLE<br>V                           | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE<br>VD                                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br>BROWNMILLER, RICHARD A       |  | 2.2 NAME<br>Gravatt, Kevin L.                         |  |
| STREET ADDRESS<br>1601 CHESTNUT ST   |  | 2.3 STREET ADDRESS<br>1601 Chestnut St.               |  |
| CITY-ST-ZIP<br>PHILADELPHIA PA       |  | 2.4 CITY-ST-ZIP<br>Philadelphia, PA 19192             |  |
| TITLE<br>VD                          | <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br>MCENDY, KATHLEEN A           |  | 3.2 NAME  |  |
| STREET ADDRESS<br>1601 CHESTNUT ST   |  | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP<br>PHILADELPHIA PA       |  | 3.4 CITY-ST-ZIP                                       |  |
| TITLE<br>S                           | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE<br>S  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br>MULLIGAN, GEORGE D           |  | 4.2 NAME<br>Upton, Robert J.                          |  |
| STREET ADDRESS<br>1601 CHESTNUT ST   |  | 4.3 STREET ADDRESS<br>1601 Chestnut St.               |  |
| CITY-ST-ZIP<br>PHILADELPHIA PA 19192 |  | 4.4 CITY-ST-ZIP<br>Philadelphia, PA 19192             |  |
| TITLE<br>PCD                         | <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br>LEONARD, JOHN K              |  | 5.2 NAME  |  |
| STREET ADDRESS<br>1601 CHESTNUT ST   |  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP<br>PHILADELPHIA PA 19192 |  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE<br>VT                          | <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br>BERGSTEINSSON, PAUL          |  | 6.2 NAME  |  |
| STREET ADDRESS<br>1601 CHESTNUT ST   |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP<br>PHILADELPHIA PA       |  | 6.4 CITY-ST-ZIP                                       |  |

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **REQUIRED** 4/27/99 215.761.1977  
 Signature and Typed or Printed Name of Signing Officer or Director: Robert J. Upton, Corporate Secretary  
 Date: Daytime Phone #

CR2E034 (11/98)