

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 812200

1. Corporation Name
LIFE INSURANCE COMPANY OF NORTH AMERICA



Principal Place of Business % GEORGE D. MULLIGAN 1601 CHESTNUT ST., TWO LIBERTY PLACE PHILADELPHIA PA 19192	Mailing Address % GEORGE D. MULLIGAN 1601 CHESTNUT ST., TWO LIBERTY PLACE PHILADELPHIA PA 19192
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 c/o Robert J. Upton Suite, Apt. #, etc. 22 1601 Chestnut St. City & State 23 Philadelphia, PA 19192 Zip Country 24 25		2a. Mailing Address 26 c/o Robert J. Upton Suite, Apt. #, etc. 27 1601 Chestnut St. City & State 28 Philadelphia, PA 19192 Zip Country 29 30		3. Date Incorporated or Qualified 09/12/1957	4. FEI Number 23-1503749 Applied For <input type="checkbox"/> Not Applicable
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		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 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	

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 VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DEMING, GREGORY A		1.2 NAME Braunstein, Joseph F., Jr.	
STREET ADDRESS 1601 CHESTNUT ST		1.3 STREET ADDRESS 1601 Chestnut St.	
CITY-ST-ZIP PHILADELPHIA PA		1.4 CITY-ST-ZIP Philadelphia, PA 19192	
TITLE V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BROWNMILLER, RICHARD A		2.2 NAME Gravatt, Kevin L.	
STREET ADDRESS 1601 CHESTNUT ST		2.3 STREET ADDRESS 1601 Chestnut St.	
CITY-ST-ZIP PHILADELPHIA PA		2.4 CITY-ST-ZIP Philadelphia, PA 19192	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCENDY, KATHLEEN A		3.2 NAME	
STREET ADDRESS 1601 CHESTNUT ST		3.3 STREET ADDRESS	
CITY-ST-ZIP PHILADELPHIA PA		3.4 CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MULLIGAN, GEORGE D		4.2 NAME Upton, Robert J.	
STREET ADDRESS 1601 CHESTNUT ST		4.3 STREET ADDRESS 1601 Chestnut St.	
CITY-ST-ZIP PHILADELPHIA PA 19192		4.4 CITY-ST-ZIP Philadelphia, PA 19192	
TITLE PCD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEONARD, JOHN K		5.2 NAME	
STREET ADDRESS 1601 CHESTNUT ST		5.3 STREET ADDRESS	
CITY-ST-ZIP PHILADELPHIA PA 19192		5.4 CITY-ST-ZIP	
TITLE VT	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERGSTEINSSON, PAUL		6.2 NAME	
STREET ADDRESS 1601 CHESTNUT ST		6.3 STREET ADDRESS	
CITY-ST-ZIP 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: Robert J. Upton **SIGNATURE REQUIRED** 4/27/99 215.761.1977
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Robert J. Upton, Corporate Secretary

CR2E034 (11/98)