

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 812200

1. Entity Name

LIFE INSURANCE COMPANY OF NORTH AMERICA

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90094 037 ***150.00

Principal Place of Business

Mailing Address

% GEORGE D. MULLIGAN
1601 CHESTNUT ST
PHILADELPHIA PA 19192

% GEORGE D. MULLIGAN
1601 CHESTNUT ST
PHILADELPHIA PA 19192-0003

2. Principal Place of Business

3. Mailing Address

c/o Robert J. Upton

c/o Robert J. Upton

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-1503749

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☒ Delete
NAME DEMING, GREGORY A
STREET ADDRESS 1601 CHESTNUT ST
CITY-ST-ZIP PHILADELPHIA PA 19192

TITLE VD ☐ Change ☒ Addition
NAME Charles A. Bowles
STREET ADDRESS 1601 Chestnut St.
CITY-ST-ZIP Phila, PA 19192

TITLE V ☒ Delete
NAME BROWNMILLER, RICHARD A
STREET ADDRESS 1601 CHESTNUT ST
CITY-ST-ZIP PHILADELPHIA PA

TITLE VT ☐ Change ☒ Addition
NAME Edmund L. Green
STREET ADDRESS 1601 Chestnut St.
CITY-ST-ZIP Philadelphia, PA 19192

TITLE VD ☐ Delete
NAME MCENDY, KATHLEEN A
STREET ADDRESS 1601 CHESTNUT ST
CITY-ST-ZIP PHILADELPHIA PA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME MULLIGAN, GEORGE D
STREET ADDRESS 1601 CHESTNUT ST
CITY-ST-ZIP PHILADELPHIA PA 19192

TITLE S ☐ Change ☒ Addition
NAME Robert J. Upton
STREET ADDRESS 1601 Chestnut St
CITY-ST-ZIP Philadelphia, PA 19192

TITLE PCD ☐ Delete
NAME LEONARD, JOHN K
STREET ADDRESS 1601 CHESTNUT ST
CITY-ST-ZIP PHILADELPHIA PA 19192

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VT ☐ Delete
NAME BERGSTEINSSON, PAUL
STREET ADDRESS 1601 CHESTNUT ST
CITY-ST-ZIP PHILADELPHIA PA

TITLE V, Assistant Treasurer ☒ Change ☐ Addition
NAME Bergsteinsson, Paul
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kathleen K Tice, ASST Corp. Sec. 4/25/2000 215-761-3618

CR2E034 (9/99)