

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 801519

FILED
Apr 18, 2011
Secretary of State

Entity Name: NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE

Current Principal Place of Business:

525 WEST VAN BUREN
CHICAGO, IL 60607

New Principal Place of Business:

Current Mailing Address:

C/O MIDLAND NATIONAL LIFE INS. CO.
ONE SAMMONS PLAZA
SIOUX FALLS, SD 57193

New Mailing Address:

ONE SAMMONS PLAZA
SIOUX FALLS, SD 57193

FEI Number: 36-2428931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA DIRECTOR OF INSURANCE
PO BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: PALMITIER, STEVEN C
Address: 525 WEST VAN BUREN
City-St-Zip: CHICAGO, IL 60607

Title: DV
Name: CRAIG, JOHN J II
Address: 525 WEST VAN BUREN
City-St-Zip: CHICAGO, IL 60607

Title: VSD
Name: HORVAT, STEPHEN P JR
Address: 525 WEST VAN BUREN
City-St-Zip: CHICAGO, IL 60607

Title: D
Name: BAKER, RONALD C
Address: 5342 S. SHORE DR.
City-St-Zip: CHICAGO, IL 60615

Title: V
Name: LYONS, DONALD T
Address: ONE SAMMONS PLAZA
City-St-Zip: SIOUX FALLS, SD 57193

Title: D
Name: BUNN, WILLIARD II
Address: 9 MARKET SQUARE COURT
City-St-Zip: LAKE FOREST, IL 60045

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRUCE D. ADAMS

CONT

04/18/2011

Electronic Signature of Signing Officer or Director

Date