

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812200

Entity Name: LIFE INSURANCE COMPANY OF NORTH AMERICA**Current Principal Place of Business:**1601 CHESTNUT STREET
TWO LIBERTY PLACE
PHILADELPHIA, PA 19192**Current Mailing Address:**1601 CHESTNUT STREET
TWO LIBERTY PLACE
PHILADELPHIA, PA 19192 US**FEI Number:** 23-1503749**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US*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

Officer/Director Detail :

Title PRESIDENT AND DIRECTOR
Name MANDERS, MATTHEW
Address 1601 CHESTNUT STREET
 TWO LIBERTY PLACE
City-State-Zip: PHILADELPHIA PA 19192

Title SECRETARY
Name KRISHTUL, ANNA
Address 1601 CHESTNUT STREET
 TWO LIBERTY PLACE
City-State-Zip: PHILADELPHIA PA 19192

Title VP AND TREASURER
Name HART, JOANNE
Address 1601 CHESTNUT STREET
 TWO LIBERTY PLACE
City-State-Zip: PHILADELPHIA PA 19192

Title SVP AND DIRECTOR
Name ROTTKAMP, JOHN
Address 1601 CHESTNUT STREET
 TWO LIBERTY PLACE
City-State-Zip: PHILADELPHIA PA 19192

Title SVP AND DIRECTOR
Name MARSTERS, MARK
Address 1601 CHESTNUT STREET
 TWO LIBERTY PLACE
City-State-Zip: PHILADELPHIA PA 19192

Title VP AND DIRECTOR
Name RUSSELL, DAVID
Address 1601 CHESTNUT STREET
 TWO LIBERTY PLACE
City-State-Zip: PHILADELPHIA PA 19192

Title VP AND DIRECTOR
Name SATALINE, FRANK JR.
Address 1601 CHESTNUT STREET
 TWO LIBERTY PLACE
City-State-Zip: PHILADELPHIA PA 19192

Title CFO, SVP AND DIRECTOR
Name SMITH, WILLIAM J.
Address 1601 CHESTNUT STREET
 TWO LIBERTY PLACE
City-State-Zip: PHILADELPHIA PA 19192

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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: ANNA KRISHTUL**SECRETARY****04/22/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|-------------------------------------------|
| Title | DIRECTOR |
| Name | SNOW, CHRISTOPHER |
| Address | 1601 CHESTNUT STREET TWO LIBERTY PLACE |
| City-State-Zip: | PHILADELPHIA PA 19192 |