

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812200

Entity Name: LIFE INSURANCE COMPANY OF NORTH AMERICA**Current Principal Place of Business:**51 MADISON AVENUE
NEW YORK, NY 10010**Current Mailing Address:**51 MADISON AVENUE
NEW YORK, NY 10010 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 DIRECTOR
Name RODGERS, JOANNE H.
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR, VP
Name MCDONNELL, MICHAEL
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title PRESIDENT, DIRECTOR
Name BERLIN, SCOTT
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title TREASURER
Name HENDRY, THOMAS A
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title SECRETARY
Name MEADE, COLLEEN A
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR
Name WION, MATTHEW D.
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR
Name BRILL, ELIZABETH K.
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR
Name ROSENTHAL, BENJAMIN L.
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

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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: GRETCHEN , CEPEK**SECRETARY****04/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MALLOY, ANTHONY R.
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR
Name SOMERS, JUSTIN
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title SECRETARY
Name GRETCHEN , CEPEK
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR
Name KARAOGLAN, ALAIN
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title SVP
Name ROBERT , GARDNER MICHAEL
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010