### **2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 812200** 

Entity Name: LIFE INSURANCE COMPANY OF NORTH AMERICA

**FILED** Apr 20, 2019 Secretary of State 3547870478CC

## **Current Principal Place of Business:**

1601 CHESTNUT ST TWO LIBERTY PLACE PHILADELPHIA, PA 19192

## **Current Mailing Address:**

1601 CHESTNUT ST 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	VP	Title	DIRECTOR

WINDERMAN, JONATHAN LAMBERT, SCOTT Name Name

Address 1601 CHESTNUT ST Address 1601 CHESTNUT ST TWO LIBERTY PLACE

TWO LIBERTY PLACE

PHILADELPHIA PA 19192 PHILADELPHIA PA 19192 City-State-Zip: City-State-Zip:

Title DIRECTOR Title DIRECTOR

SNOW, CHRISTOPHER SATALINE, FRANK JR. Name Name

1601 CHESTNUT ST 1601 CHESTNUT ST Address Address

TWO LIBERTY PLACE TWO LIBERTY PLACE

PHILADELPHIA PA 19192 PHILADELPHIA PA 19192 City-State-Zip: City-State-Zip:

Title DIRECTOR Title **DIRECTOR** 

RUSSELL, DAVID Name Name ROTTKAMP, JOHN

1601 CHESTNUT ST 1601 CHESTNUT ST Address Address

TWO LIBERTY PLACE TWO LIBERTY PLACE

PHILADELPHIA PA 19192 PHILADELPHIA PA 19192 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title TREASURER, VP HART, JOANNE Name HOLGERSON, BRYAN Name

1601 CHESTNUT ST 1601 CHESTNUT ST Address Address TWO LIBERTY PLACE

TWO LIBERTY PLACE

PHILADELPHIA PA 19192 City-State-Zip: PHILADELPHIA PA 19192 City-State-Zip:

## Continues on page 2

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.

04/20/2019 SIGNATURE: ANNA KRISHTUL SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title SECRETARY Title PRESIDENT, DIRECTOR

Name KRISHTUL, ANNA Name SMITH, WILLIAM J.

Address 1601 CHESTNUT ST Address 1601 CHESTNUT ST

TWO LIBERTY PLACE

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