

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 812200

**Entity Name:** LIFE INSURANCE COMPANY OF NORTH AMERICA**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  
Name LAMBERT, SCOTT  
Address 1601 CHESTNUT ST  
TWO LIBERTY PLACE  
City-State-Zip: PHILADELPHIA PA 19192

Title DIRECTOR  
Name WINDERMAN, JONATHAN  
Address 1601 CHESTNUT ST  
TWO LIBERTY PLACE  
City-State-Zip: PHILADELPHIA PA 19192

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

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

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

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

Title DIRECTOR  
Name HOLGERSON, BRYAN  
Address 1601 CHESTNUT ST  
TWO LIBERTY PLACE  
City-State-Zip: PHILADELPHIA PA 19192

Title TREASURER, VP  
Name HART, JOANNE  
Address 1601 CHESTNUT ST  
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****04/20/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title PRESIDENT, DIRECTOR  
Name SMITH, WILLIAM J.  
Address 1601 CHESTNUT ST  
TWO LIBERTY PLACE  
City-State-Zip: PHILADELPHIA PA 19192