2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812200

Entity Name: LIFE INSURANCE COMPANY OF NORTH AMERICA

FILED Apr 23, 2013 Secretary of State CC0992574868

Current Principal Place of Business:

1601 CHESTNUT ST PHILADELPHIA. PA 19192

Current Mailing Address:

1601 CHESTNUT ST

PHILADELPHIA. PA 19192 US

FEI Number: 23-1503749 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 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, DIRECTOR Title VP, TREASURER

Name MANDERS, MATTHEW G. Name MCHALE, BARRY R.

Address 1601 CHESTNUT ST Address 1601 CHESTNUT ST

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

Title SECRETARY Title DIRECTOR

NameMAPP, SHERMONANameMARSTERS, MARK P.Address1601 CHESTNUT STAddress1601 CHESTNUT ST

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

Title DIRECTOR

Name ROTTKAMP, JOHN T.
Address 1601 CHESTNUT ST

City-State-Zip: PHILADELPHIA PA 19192

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: SHERMONA MAPP

Electronic Signature of Signing Officer/Director Detail

04/23/2013

SECRETARY

Date