

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812200

Entity Name: LIFE INSURANCE COMPANY OF NORTH AMERICA**Current Principal Place of Business:**1601 CHESTNUT STREET
PHILADELPHIA, PA 19192**Current Mailing Address:**1601 CHESTNUT STREET
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, DIRECTOR
Name	MANDERS, MATTHEW G.
Address	1601 CHESTNUT STREET
City-State-Zip:	PHILADELPHIA PA 19192

Title	VP ANDTREASURER
Name	MCHALE, BARRY R.
Address	1601 CHESTNUT STREET
City-State-Zip:	PHILADELPHIA PA 19192

Title	SECRETARY
Name	KERN, SCOTT
Address	1601 CHESTNUT STREET
City-State-Zip:	PHILADELPHIA PA 19192

Title	DIRECTOR
Name	MARSTERS, MARK P.
Address	1601 CHESTNUT STREET
City-State-Zip:	PHILADELPHIA PA 19192

Title	DIRECTOR
Name	ROTTKAMP, JOHN T.
Address	1601 CHESTNUT STREET
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: SCOTT KERN**SECRETARY****04/07/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date