

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 812200

**Entity Name:** LIFE INSURANCE COMPANY OF NORTH AMERICA**Current Principal Place of Business:**1601 CHESTNUT STREET  
TWO LIBERTY PLACE  
PHILADELPHIA, PA 19192**Current Mailing Address:**1601 CHESTNUT STREET  
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	PRESIDENT
Name	SMITH, WILLIAM J.
Address	1601 CHESTNUT STREET TWO LIBERTY PLACE
City-State-Zip:	PHILADELPHIA PA 19192

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

Title	TREASURER
Name	HART, JOANNE
Address	1601 CHESTNUT STREET TWO LIBERTY PLACE
City-State-Zip:	PHILADELPHIA PA 19192

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

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

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

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

Title	DIRECTOR
Name	RUSSELL, DAVID
Address	1601 CHESTNUT STREET 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****04/12/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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