

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 812200

**Entity Name:** LIFE INSURANCE COMPANY OF NORTH AMERICA

**Current Principal Place of Business:**

1600 ARCH STREET  
PHILADELPHIA, PA 19103

**Current Mailing Address:**

1600 ARCH STREET  
PHILADELPHIA, PA 19103 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 DIRECTOR  
Name RODGERS, JOANNE H.  
Address 1600 ARCH STREET  
City-State-Zip: PHILADELPHIA PA 19103

Title DIRECTOR  
Name MCDONNELL, MICHAEL  
Address 1600 ARCH STREET  
City-State-Zip: PHILADELPHIA PA 19103

Title DIRECTOR  
Name WINDERMAN, JONATHAN  
Address 1600 ARCH STREET  
City-State-Zip: PHILADELPHIA PA 19103

Title DIRECTOR  
Name SMITH, WILLIAM JOHN  
Address 1600 ARCH STREET  
City-State-Zip: PHILADELPHIA PA 19103

Title PRESIDENT  
Name SMITH, WILLIAM JOHN  
Address 1600 ARCH STREET  
City-State-Zip: PHILADELPHIA PA 19103

Title TREASURER  
Name HENDRY, THOMAS A  
Address 1600 ARCH STREET  
City-State-Zip: PHILADELPHIA PA 19103

Title VP  
Name CURRAN, BRIAN  
Address 1600 ARCH STREET  
City-State-Zip: PHILADELPHIA PA 19103

Title VP  
Name GORDON, NEIL  
Address 1600 ARCH STREET  
City-State-Zip: PHILADELPHIA PA 19103

**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.*

**SIGNATURE:** COLLEEN A MEADE

**ASSOCIATE GENERAL  
COUNSEL AND  
SECRETARY**

**04/22/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name ARMSTRONG, MARK  
Address 1600 ARCH STREET  
City-State-Zip: PHILADELPHIA PA 19103

Title VP  
Name BECHER, ERIC R.  
Address 1600 ARCH STREET  
City-State-Zip: PHILADELPHIA PA 19103

Title VP  
Name DIAL, ROBERT H.  
Address 1600 ARCH STREET  
City-State-Zip: PHILADELPHIA PA 19103

Title VP  
Name FERGUSON, ROBERT E.  
Address 1600 ARCH STREET  
City-State-Zip: PHILADELPHIA PA 19103

Title DIRECTOR  
Name WION, MATTHEW D.  
Address 1600 ARCH STREET  
City-State-Zip: PHILADELPHIA PA 19103

Title DIRECTOR  
Name ROSENTHAL, BENJAMIN L.  
Address 1600 ARCH STREET  
City-State-Zip: PHILADELPHIA PA 19103

Title VP  
Name GOLDBACH, LYNN  
Address 1600 ARCH STREET  
City-State-Zip: PHILADELPHIA PA 19103

Title VP  
Name FITZGERALD, EDWARD J.  
Address 1600 ARCH STREET  
City-State-Zip: PHILADELPHIA PA 19103

Title ASSOCIATE GENERAL COUNSEL AND  
SECRETARY  
Name MEADE, COLLEEN A  
Address 1600 ARCH STREET  
City-State-Zip: PHILADELPHIA PA 19103

Title VP  
Name CHERPELIS, GEORGE S.  
Address 1600 ARCH STREET  
City-State-Zip: PHILADELPHIA PA 19103

Title DIRECTOR  
Name BRILL, ELIZABETH K.  
Address 1600 ARCH STREET  
City-State-Zip: PHILADELPHIA PA 19103

Title DIRECTOR  
Name MALLOY, ANTHONY R.  
Address 1600 ARCH STREET  
City-State-Zip: PHILADELPHIA PA 19103