

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 812200

**Entity Name:** LIFE INSURANCE COMPANY OF NORTH AMERICA**Current Principal Place of Business:**51 MADISON AVENUE  
NEW YORK, NY 10010**Current Mailing Address:**51 MADISON AVENUE  
NEW YORK, NY 10010 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 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR, VP  
Name MCDONNELL, MICHAEL  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

Title PRESIDENT, DIRECTOR  
Name BERLIN, SCOTT  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

Title TREASURER  
Name HENDRY, THOMAS A  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

Title SECRETARY  
Name MEADE, COLLEEN A  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR  
Name WION, MATTHEW D.  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR  
Name BRILL, ELIZABETH K.  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR  
Name ROSENTHAL, BENJAMIN L.  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

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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:** GRETCHEN , CEPEK**SECRETARY****04/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MALLOY, ANTHONY R.  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR  
Name SOMERS, JUSTIN  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

Title SECRETARY  
Name GRETCHEN , CEPEK  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

Title DIRECTOR  
Name KARAOGLAN, ALAIN  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010

Title SVP  
Name ROBERT , GARDNER MICHAEL  
Address 51 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10010