FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **801519** **(0)**

1. Corporation Name
NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE

Principal Place of Business	Mailing Address
222 S. RIVERSIDE PLAZA P. O. BOX 466 CHICAGO IL 60606	222 S. RIVERSIDE PLAZA P. O. BOX 466 CHICAGO IL 60606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/04/1921**
3a. Date of Last Report: **04/06/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **36-2428931** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA STATE INSURANCE COMMISSION
THE CAPITOL
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	EV	11 TITLE		☐ Change ☐ Addition
NAME	MOELLER, P. H.	12 NAME		
STREET ADDRESS	1714 W SUNNYSIDE	13 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	14 CITY-ST-ZIP		
TITLE	V	21 TITLE	AS	☒ Change ☐ Addition
NAME	LEITNER, E.	22 NAME	Leitner, E.	
STREET ADDRESS	2450 COBBLEWOOD DR.	23 STREET ADDRESS	2450 Cobblewood Dr.	
CITY-ST-ZIP	NORTHBROOK IL	24 CITY-ST-ZIP	Northbrook, IL.	
TITLE	DP	31 TITLE		☐ Change ☐ Addition
NAME	HOWARD, V. F.	32 NAME		
STREET ADDRESS	2131 N. CLARK #6	33 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	34 CITY-ST-ZIP		
TITLE	VT	41 TITLE		☐ Change ☐ Addition
NAME	DOYLE, J, P	42 NAME		
STREET ADDRESS	527 INDIAN TRAIL DR	43 STREET ADDRESS		
CITY-ST-ZIP	PALOS PARK IL	44 CITY-ST-ZIP		
TITLE	AVP	51 TITLE	AVP	☒ Change ☐ Addition
NAME	THSEEN, BRUCE	52 NAME	Thesen, Bruce	
STREET ADDRESS	222 S. RIVERSIDE PLAZA	53 STREET ADDRESS	222 S. Riverside Plaza	
CITY-ST-ZIP	CHICAGO IL	54 CITY-ST-ZIP	Chicago, IL.	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bruce Thesen 4/19/95 (312) 648-7693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480171 FP