SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

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

1. Corporation Name
NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSUR ANCE

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

Mailing Address
222 S. RIVERSIDE PLAZA
P. O. BOX 466
CHICAGO IL 60606

3. Date Incorporated or Qualified: **10/04/1921**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
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
Signature of an officer or director of the corporation (Note: Registered Agent signature required when relocating) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EV ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MOELLER, P. H.	1.2 NAME	
STREET ADDRESS	1714 W SUNNYSIDE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	
TITLE	AS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LEITNER, E.	2.2 NAME	
STREET ADDRESS	2450 COBBLEWOOD DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL	2.4 CITY-ST-ZIP	
TITLE	DP ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HOWARD, V. F.	3.2 NAME	
STREET ADDRESS	2131 N. CLARK #6	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	
TITLE	VT ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DOYLE, J. P	4.2 NAME	
STREET ADDRESS	527 INDIAN TRAIL DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALOS PARK IL	4.4 CITY-ST-ZIP	
TITLE	AVP ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	THESEN, BRUCE	5.2 NAME	
STREET ADDRESS	222 S. RIVERSIDE PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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 617, 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 7/13/96 (312)648-7693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)