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Apr 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 INSURANCE



Principal Place of Business 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 **08/05/1996**
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

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	EV	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 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* **BRUCE THESEN ASST. V.P.** 3/12/97 (312) 648 - 7693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)