2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2000 8:00 am
Secretary of State
02-27-2000 90003 009 ***150.00

DOCUMENT # 801519

1. Entity Name

NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSUR

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 60606-5808

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address c/o Midland Nat'l Life One Midland Plaza
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Sioux Falls, SD
Zip / Country	Zip: 57193-0001 / Country: USA

4. FEI Number 36-2428931 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLORIDA STATE INSURANCE COMMISSION THE CAPITOL TALLAHASSEE FL 32304	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD WATSON, J C 222 S RIVERSIDE PLAZA CHICAGO IL 60606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Chairman of Board Michael Milo Masterson 222 S. Riverside Plaza Chicago, IL 60606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD CRAIG, II J J 222 S RIVERSIDE PLAZA CHICAGO IL 60606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD HORVAT, STEPHEN P 222 S RIVERSIDE PLAZA CHICAGO IL 60606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TURNER, E A 222 S RIVERSIDE PLAZA CHICAGO IL 60606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC MEYER, T M 222 S RIVERSIDE PLAZA CHICAGO IL 60606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Bruce D. Adams — February 23, 2000 — (605) 373-2371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #