

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90131 045 ***150.00

0039712 AB

DOCUMENT # 801519

1. Entity Name

NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE

Principal Place of Business

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

Mailing Address

**C/O MIDLAND NAT'L LIFE
ONE MIDLAND PLAZA
SIOUX FALLS SD 57193-0001**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-2428931

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 **PCOB** ☐ Delete
NAME **MASTERTSON, MICHAEL M**
STREET ADDRESS **222 S RIVERSIDE PLAZA**
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE **COB** ☒ Change ☐ Addition
NAME **Michael M. Masterson**
STREET ADDRESS **222 S Riverside Plaza**
CITY-ST-ZIP **Chicago, IL 60606**

TITLE **VTD** ☐ Delete
NAME **CRAIG, II J J**
STREET ADDRESS **222 S RIVERSIDE PLAZA**
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VSD** ☐ Delete
NAME **HORVAT, STEPHEN P**
STREET ADDRESS **222 S RIVERSIDE PLAZA**
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VD** ☐ Delete
NAME **TURNER, E A**
STREET ADDRESS **222 S RIVERSIDE PLAZA**
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE **President** ☒ Change ☐ Addition
NAME **E A Turner**
STREET ADDRESS **222 S Riverside Plaza**
CITY-ST-ZIP **Chicago, IL 60606**

TITLE **VC** ☐ Delete
NAME **MEYER, T M**
STREET ADDRESS **222 S RIVERSIDE PLAZA**
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)