
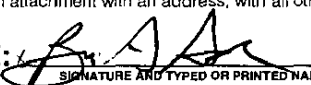


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90028 018 ***150.00

DOCUMENT # 801519 1. Entity Name NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE					
Principal Place of Business 525 WEST VAN BUREN CHICAGO, IL 60607			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		01262004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 36-2428931	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FLORIDA DIRECTOR OF INSURANCE PO BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CP	<input checked="" type="checkbox"/> Delete	TITLE	President & COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MASTERSON, MICHAEL M		NAME	Ronald H Ridlehuber	
STREET ADDRESS	525 WEST VAN BUREN		STREET ADDRESS	525 West Van Buren	
CITY-ST-ZIP	CHICAGO, IL 60607		CITY-ST-ZIP	Chicago, IL 60607	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRAIG, JOHN J II		NAME		
STREET ADDRESS	525 WEST VAN BUREN		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60607		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORVAT, STEPHEN P JR		NAME		
STREET ADDRESS	525 WEST VAN BUREN		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60607		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAKER, RONALD C		NAME	Baker, Roland C	
STREET ADDRESS	5342 S SHORE DR		STREET ADDRESS	5342 S Shore Dr	
CITY-ST-ZIP	CHICAGO, IL 60615		CITY-ST-ZIP	Chicago, IL 60615	
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEYER, THOMAS M		NAME		
STREET ADDRESS	525 WEST VAN BUREN		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60607		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUNN, WILLIARD II		NAME		
STREET ADDRESS	9 MARKET SQUARE COURT		STREET ADDRESS		
CITY-ST-ZIP	LAKE FOREST, IL 60045		CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Bruce D. Adams February 18, 2004 405-335-5700		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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