


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # 801519 1. Entity Name NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE	
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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
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06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-2428931	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FLORIDA DIRECTOR OF INSURANCE PO BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIDLEHUBER, RONALD H 525 WEST VAN BUREN CHICAGO, IL 60607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CRAIG, JOHN J II 525 WEST VAN BUREN CHICAGO, IL 60607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HORVAT, STEPHEN P JR 525 WEST VAN BUREN CHICAGO, IL 60607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, RONALD C 5342 S. SHORE DR. CHICAGO, IL 60615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MEYER, THOMAS M 525 WEST VAN BUREN CHICAGO, IL 60607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNN, WILLIARD II 9 MARKET SQUARE COURT LAKE FOREST, IL 60045

**DO NOT WRITE
IN THIS SPACE**

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07/11/05-80004-020 150.00

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: Thomas M Meyer *July 1, 2005* 605/373-2370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #