

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 801519

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE

## Current Principal Place of Business:

525 WEST VAN BUREN  
CHICAGO, IL 60607

## New Principal Place of Business:

## Current Mailing Address:

C/O MIDLAND NAT'L LIFE  
ONE MIDLAND PLAZA  
SIOUX FALLS, SD 571930001

## New Mailing Address:

C/O MIDLAND NATIONAL LIFE INS. CO.  
ONE SAMMONS PLAZA  
SIOUX FALLS, SD 57193

FEI Number: 36-2428931

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLORIDA DIRECTOR OF INSURANCE  
PO BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PALMITIER, STEVEN C  
Address: 525 WEST VAN BUREN  
City-St-Zip: CHICAGO, IL 60607

Title: DV ( ) Delete  
Name: CRAIG, JOHN J II  
Address: 525 WEST VAN BUREN  
City-St-Zip: CHICAGO, IL 60607

Title: VSD ( ) Delete  
Name: HORVAT, STEPHEN P JR  
Address: 525 WEST VAN BUREN  
City-St-Zip: CHICAGO, IL 60607

Title: D ( ) Delete  
Name: BAKER, RONALD C  
Address: 5342 S. SHORE DR.  
City-St-Zip: CHICAGO, IL 60615

Title: V ( ) Delete  
Name: LYONS, DONALD T  
Address: ONE MIDLAND PLAZA  
City-St-Zip: SIOUX FALLS, SD 571930001

Title: D ( ) Delete  
Name: BUNN, WILLIARD II  
Address: 9 MARKET SQUARE COURT  
City-St-Zip: LAKE FOREST, IL 60045

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: LYONS, DONALD T  
Address: ONE SAMMONS PLAZA  
City-St-Zip: SIOUX FALLS, SD 57193

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD T. LYONS

V

03/19/2009

Electronic Signature of Signing Officer or Director

Date