## 2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 801519** 

Entity Name: NORTH AMERICAN COMPANY FOR LIFE AND HEALTH

**INSURANCE** 

**Current Principal Place of Business:** 

8300 MILLS CIVIC PARKWAY WEST DES MOINES, IA 50266

**Current Mailing Address:** 

8300 MILLS CIVIC PARKWAY WEST DES MOINES, IA 50266 US

FEI Number: 36-2428931 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

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:

Address

Electronic Signature of Registered Agent

Date

**FILED** May 01, 2025

**Secretary of State** 

2586935983CC

Officer/Director Detail:

Title VP, SECRETARY Title CHAIRMAN, DIRECTOR, PRESIDENT

Name TEAS, AMY E Name DINSHAW, ESFANDYAR E Address 8300 MILLS CIVIC PARKWAY Address 8300 MILLS CIVIC PARKWAY City-State-Zip: WEST DES MOINES IA 50266 City-State-Zip: WEST DES MOINES IA 50266

VΡ Title VP, CFO, TREASURER Title

EDSEN, DANIEL E Name ATTAWAY, DAVID C Name

Address 8300 MILLS CIVIC PARKWAY Address 8300 MILLS CIVIC PARKWAY City-State-Zip: WEST DES MOINES IA 50266 City-State-Zip: WEST DES MOINES IA 50266

Title **DIRECTOR** Title DIRECTOR

Name HARRIS, CARL M Name ASH, DARRON K

Address 4446 STONEBRIDGE ROAD 5949 SHERRY LANE Address

> **SUITE 1900** City-State-Zip: DESTIN FL 32541

City-State-Zip: DALLAS TX 75225

Title DIRECTOR Title DIRECTOR

Name CORCORAN, THOMAS J Name CLARK, JAMES RODERICK

Address 5949 SHERRY LANE

5949 SHERRY LANE **SUITE 1900** 

**SUITE 1900** DALLAS TX 75225 City-State-Zip:

City-State-Zip: DALLAS TX 75225

Continues on page 2

I hereby 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 all other like empowered.

05/01/2025 SIGNATURE: AMY E. TEAS **SECRETARY** 

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name FISK, GEORGE A

Address 5949 SHERRY LANE

**SUITE 1900** 

City-State-Zip: DALLAS TX 75225

Title DIRECTOR

Name NORRIS, GINA A

Address 1401 BOTHAM JEAN BLVD

City-State-Zip: DALLAS TX 75215

Title DIRECTOR

Name TEKOLSTE, ROBERT R

Address 8300 MILLS CIVIC PARKWAY

City-State-Zip: WEST DES MOINES IA 50266

Title DIRECTOR

Name HEINZ, WILLIAM D

Address 353 NORTH CLARK STREET

City-State-Zip: CHICAGO IL 60654

Title DIRECTOR

Name LOWE, WILLIAM L

Address 8300 MILLS CIVIC PARKWAY
City-State-Zip: WEST DES MOINES IA 50266

Title DIRECTOR

Name DEAKINS, SUSAN T.

Address 129 CHAPEL HILL CIRCLE

City-State-Zip: PAOLI PA 19301