

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 801519

Entity Name: NORTH AMERICAN COMPANY FOR LIFE AND HEALTH
INSURANCE**Current Principal Place of Business:**4350 WESTOWN PARKWAY
WEST DES MOINES, IA 50266**Current Mailing Address:**5400 SOUTH SOLBERG AVENUE
SIOUX FALLS, SD 57193 US**FEI Number:** 36-2428931**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HILL WARD HENDERSON
PO BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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:** BRETT PRESTON

01/11/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT, DIRECTOR**Name** PALMITIER, STEVEN C**Address** 525 WEST VAN BUREN
12TH FLOOR**City-State-Zip:** CHICAGO IL 60607**Title** VP, SECRETARY**Name** HANSEN, BRIAN D**Address** 525 WEST VAN BUREN
12TH FLOOR**City-State-Zip:** CHICAGO IL 60607**Title** CHAIRMAN, DIRECTOR**Name** DINSHAW, ESFANDYAR E**Address** 4350 WESTOWN PARKWAY**City-State-Zip:** WEST DES MOINES IA 50266**Title** VP**Name** LYONS, DONALD T**Address** 4350 WESTOWN PARKWAY**City-State-Zip:** WEST DES MOINES IA 50266**Title** VP, CFO, TREASURER**Name** KIEFER, DANIEL M**Address** 4350 WESTOWN PARKWAY**City-State-Zip:** WEST DES MOINES IA 50266

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.

SIGNATURE: BRIAN D. HANSEN**SECRETARY**

01/11/2017

Electronic Signature of Signing Officer/Director Detail

Date