

**2015 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

**01/14/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR

Name PALMITIER, STEVEN C

Address 525 WEST VAN BUREN

City-State-Zip: CHICAGO IL 60607

Title VP, SECRETARY

Name FIMEA, VICTORIA E

Address 4350 WESTOWN PARKWAY

City-State-Zip: WEST DES MOINES IA 50266

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 5400 S SOLBERG AVE

City-State-Zip: SIOUX FALLS SD 57108

*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:** VICTORIA E. FIMEA

**VP, GEN. COUNSEL &  
SECRETARY**

**01/14/2015**

Electronic Signature of Signing Officer/Director Detail

Date