

1.) CORPORATION NAME:

**NORTH AMERICAN COMPANY FOR LIFE AND
HEALTHINSURANCE**

DUE DATE: **12/31/2014**

SCC ID NO: **F0033540**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
1111 MAIN STREET
BANK OF AMERICA CENTER, 16TH FLOOR

RICHMOND, VA**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 100,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4350 WESTOWN PKWY
CITY/ST/ZIP: WEST DES MOINES, IA 50266

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

| | | | |
|-----------------|--------------------|---|--|
| NAME: | STEVEN C PALMITIER | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | P/COO | | |
| ADDRESS: | 525 WEST VAN BUREN | | |
| CITY/ST/ZIP/CO: | CHICAGO, IL 60607 | | |

| | | | |
|-----------------|---------------------------|---|--|
| NAME: | JOHN J CRAIG, II | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | SR VP | | |
| ADDRESS: | 4350 WESTOWN PARKWAY | | |
| CITY/ST/ZIP/CO: | WEST DES MOINES, IA 50266 | | |

| | | | |
|-----------------|---------------------------|---|-----------------------------------|
| NAME: | VICTORIA E FIMEA | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SR VP/GC/S | | |
| ADDRESS: | 4350 WESTOWN PKWY | | |
| CITY/ST/ZIP/CO: | WEST DES MOINES, IA 50266 | | |

| | | | |
|-----------------|---------------------------|---|-----------------------------------|
| NAME: | DAVID SHAW | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SR VP/CIO | | |
| ADDRESS: | 4350 WESTOWN PKWY | | |
| CITY/ST/ZIP/CO: | WEST DES MOINES, IA 50266 | | |

| | | | |
|-----------------|---------------------------|---|--|
| NAME: | ESFANDYAR E DINSHAW | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | CHARIMAN/CEO | | |
| ADDRESS: | 4350 WESTOWN PARKWAY | | |
| CITY/ST/ZIP/CO: | WEST DES MONIES, IA 50266 | | |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

| | | |
|---|----------------------------------|-----------|
| /s/ VICTORIA E FIMEA | VICTORIA E FIMEA, SR VP/GC/S | 11/6/2014 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.