

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 MAR 21 PH 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **847699** (6)
1. Corporation Name
NORTHBROOK LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address
3100 SANDERS RD. SUITE N5A NORTHBROOK IL 60062 US **3100 SANDERS RD. SUITE N5A NORTHBROOK IL 60062 US**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 **MSB**
23 Zip Country 28 City & State
24 **60062-7154** 25 Country 29 **60062-7154** 30 Country

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/15/1980** 3a. Date of Last Report **02/02/1994**
4. FEI Number **36-3001527** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITAL BUILDING
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	FRIEDMAN, MARLA G
STREET ADDRESS	3100 SANDERS RD
CITY-ST-ZIP	NORTHBROOK IL
TITLE	VD
NAME	HECKMAN, PETER H
STREET ADDRESS	3100 SANDERS RD
CITY-ST-ZIP	NORTHBROOK IL
TITLE	VD
NAME	MCPHERSON, DAVID EDWARD
STREET ADDRESS	3100 SANDERS ROAD
CITY-ST-ZIP	NORTHBROOK, ILL 00000
TITLE	PCD
NAME	LOWER, LOUIS GORDON II
STREET ADDRESS	3100 SANDERS ROAD
CITY-ST-ZIP	NORTHBROOK, ILL 00000
TITLE	TD
NAME	RESNICK, MYRON J.
STREET ADDRESS	3100 SANDERS RD.
CITY-ST-ZIP	NORTHBROOK, ILL 00000
TITLE	VSD
NAME	VELOTTA, MICHAEL J
STREET ADDRESS	3100 SANDERS ROAD
CITY-ST-ZIP	NORTHBROOK IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Delete
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Peter H. Heckman*
Peter H. Heckman V.P. Finance
Date: **708-402-5000**
Filing Fee: _____