

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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.
MSB
NORTHBROOK IL 60062-7154
US

3100 SANDERS RD.
MSB
NORTHBROOK IL 60062
US

3. Date Incorporated or Qualified
12/15/1980

3a. Date of Last Report
03/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

10. Name and Address of New Registered Agent

**FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITAL BUILDING
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent (if applicable)

(If Not Registered Agent, Signature of Registered Agent Not Required)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE
NAME **FRIEDMAN, MARLA G**
STREET ADDRESS **3100 SANDERS RD**
CITY-ST-ZIP **NORTHBROOK IL**

11 TITLE **PD** ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **HECKMAN, PETER H**
STREET ADDRESS **3100 SANDERS RD**
CITY-ST-ZIP **NORTHBROOK IL**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE **PCD** ☐ DELETE
NAME **LOWER, LOUIS GORDON II**
STREET ADDRESS **3100 SANDERS ROAD**
CITY-ST-ZIP **NORTHBROOK, ILL 00000**

31 TITLE **CD** ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE **TD** ☒ DELETE
NAME **RESNICK, MYRON J.**
STREET ADDRESS **3100 SANDERS RD.**
CITY-ST-ZIP **NORTHBROOK, ILL 00000**

41 TITLE ☒ Change ☐ Addition
42 NAME **T**
43 STREET ADDRESS **Zils, James P.**
44 CITY-ST-ZIP **3100 Sanders Rd**
Northbrook, IL 60062-7154

TITLE **VSD** ☐ DELETE
NAME **VELOTTA, MICHAEL J**
STREET ADDRESS **3100 SANDERS ROAD**
CITY-ST-ZIP **NORTHBROOK IL**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 119.07(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 the 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 unchanged, or on an attachment with an address

SIGNATURE:

Peter H. Heckman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Peter H. Heckman V.P. Finance

4-10-96

Date

847-402-5000

Daytime Phone #

CR2E034 (12/95)