

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Jan 22 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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
**3100 SANDERS RD.
M5B
NORTHBROOK IL 60062-7154
US**

Mailing Address
**3100 SANDERS RD.
M5B
NORTHBROOK IL 60062-7155
US**

3. Date Incorporated or Qualified 12/15/1980	3a. Date of Last Report 04/29/1996
4. FEI Number 36-3001527	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD FRIEDMAN, MARLA G <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, MARLA G	1.2 NAME	Heckman, Peter H.
STREET ADDRESS	3100 SANDERS RD	1.3 STREET ADDRESS	3100 Sanders Rd.
CITY- ST- ZIP	NORTHBROOK IL	1.4 CITY- ST- ZIP	Northbrook, IL 60062
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECKMAN, PETER H	2.2 NAME	
STREET ADDRESS	3100 SANDERS RD	2.3 STREET ADDRESS	
CITY- ST- ZIP	NORTHBROOK IL	2.4 CITY- ST- ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWER, LOUIS GORDON II	3.2 NAME	
STREET ADDRESS	3100 SANDERS ROAD	3.3 STREET ADDRESS	
CITY- ST- ZIP	NORTHBROOK, ILL 00000	3.4 CITY- ST- ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZILS, JAMES P	4.2 NAME	
STREET ADDRESS	3100 SANDERS RD	4.3 STREET ADDRESS	
CITY- ST- ZIP	NORTHBROOK, ILL 00000	4.4 CITY- ST- ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELOTTA, MICHAEL J	5.2 NAME	
STREET ADDRESS	3100 SANDERS ROAD	5.3 STREET ADDRESS	
CITY- ST- ZIP	NORTHBROOK IL	5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address

SIGNATURE: *Kevin T. Slawin* **1/7/97** **847 402 2628**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)