

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

FILED

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 Not Applicable
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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

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

Signature type: 1. For performance of registered agent services (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, MARLA G	
STREET ADDRESS	3100 SANDERS RD	
CITY- ST- ZIP	NORTHBROOK IL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HECKMAN, PETER H	
STREET ADDRESS	3100 SANDERS RD	
CITY- ST- ZIP	NORTHBROOK IL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	LOWER, LOUIS GORDON II	
STREET ADDRESS	3100 SANDERS ROAD	
CITY- ST- ZIP	NORTHBROOK, ILL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ZILS, JAMES P	
STREET ADDRESS	3100 SANDERS RD	
CITY- ST- ZIP	NORTHBROOK, ILL 00000	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	VELOTTA, MICHAEL J	
STREET ADDRESS	3100 SANDERS ROAD	
CITY- ST- ZIP	NORTHBROOK IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HECKMAN, Peter H.	
1.3 STREET ADDRESS	3100 Sanders Rd.	
1.4 CITY- ST- ZIP	Northbrook, IL 60062	
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		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin T. Slawin, Vice President, Treasurer

11/7/97 847 402 2628

Date

Daytime Phone #

CR2E034 (9/96)