**FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00**

PROFIT CORPORATION ANNUAL REPORT

**1998**

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

FILED
98 JUN -5 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/15/1980

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
36-3001527
Applied For
Not Applicable

Suite, Apt. #, etc
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip 24 Country 25

Zip 29 Country 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | PD | ☐ DELETE |
| NAME | FRIEDMAN, MARLA G | |
| STREET ADDRESS | 3100 SANDERS RD | |
| CITY-ST-ZIP | NORTHBROOK IL | |
| TITLE | PD | ☐ DELETE |
| NAME | HECKMAN, PETER H | |
| STREET ADDRESS | 3100 SANDERS RD | |
| CITY-ST-ZIP | NORTHBROOK IL | |
| TITLE | CD | ☐ DELETE |
| NAME | LOWER, LOUIS GORDON II | |
| STREET ADDRESS | 3100 SANDERS ROAD | |
| CITY-ST-ZIP | NORTHBROOK, ILL 00000 | |
| TITLE | T | ☐ DELETE |
| NAME | ZILS, JAMES P | |
| STREET ADDRESS | 3100 SANDERS RD | |
| CITY-ST-ZIP | NORTHBROOK, ILL 00000 | |
| TITLE | VSD | ☐ DELETE |
| NAME | VELOTTA, MICHAEL J | |
| STREET ADDRESS | 3100 SANDERS ROAD | |
| CITY-ST-ZIP | NORTHBROOK IL | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1.1 TITLE | V (VICE PRESIDENT) | ☒ Change ☐ Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | ☐ Change ☐ Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | ☐ Change ☐ Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | ☐ Change ☐ Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | ☐ Change ☐ Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | V (VICE PRESIDENT) | ☐ Change ☒ Addition |
| 6.2 NAME | SLAWIN, KEVIN R. | |
| 6.3 STREET ADDRESS | 3100 SANDERS ROAD | |
| 6.4 CITY-ST-ZIP | NORTHBROOK, IL 60062 | |

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****550.00 ****550.00

CR2E034 (10/97)

14. I 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:**