

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90225 003 ***150.00

DOCUMENT # 847699

1. Corporation Name

NORTHBROOK LIFE INSURANCE COMPANY

Principal Place of Business

3100 SANDERS RD.
MSB
NORTHBROOK IL 60062-7154
US

Mailing Address

3100 SANDERS RD.
MSB
NORTHBROOK IL 60062
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 3075 SANDERS Road

27 Suite, Apt. #, etc.

27 Suite H2C

28 City & State

28 Northbrook, IL

29 Zip

29 60062

30 Country

30 US

9. Name and Address of Current Registered Agent

FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITAL BUILDING
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

12/15/1980

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

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 V ☐ 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 V ☐ DELETE

NAME SLAWIN, KEVIN R
STREET ADDRESS 3100 SANDERS ROAD
CITY-ST-ZIP NORTHBROOK, IL 60062

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ 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 ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

David Simek Authorized Representative

David Simek 4/19/99

847-402-2629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)