

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90089 011 \*\*\*150.00

**DOCUMENT # 847699**

1. Entity Name

**NORTHBROOK LIFE INSURANCE COMPANY**

Principal Place of Business

Mailing Address

**3100 SANDERS RD.  
M58  
NORTHBROOK IL 60062-7154  
US**

**3075 SANDERS RD  
SUITE H2C  
NORTHBROOK IL 60062-7119  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite H1A**

City & State

City & State

4. FEI Number **36-3001527**

Applied For

Not Applicable

Zip

Country

Zip

Country

**60062-7127**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name --

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
V	FRIEDMAN, MARLA G	3100 SANDERS RD	NORTHBROOK IL	<input type="checkbox"/> Delete
PD	HECKMAN, PETER H	3100 SANDERS RD	NORTHBROOK IL	<input checked="" type="checkbox"/> Delete
CD	LOWER, LOUIS GORDON II	3100 SANDERS ROAD	NORTHBROOK, ILL 00000	<input checked="" type="checkbox"/> Delete
T	ZILS, JAMES P	3100 SANDERS RD	NORTHBROOK, ILL 00000	<input type="checkbox"/> Delete
VSD	VELOTTA, MICHAEL J	3100 SANDERS ROAD	NORTHBROOK IL	<input type="checkbox"/> Delete
V	SLAWIN, KEVIN R	3100 SANDERS ROAD	NORTHBROOK IL 60062	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		Northbrook, IL	60062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD	Wilson, Thomas J II	3100 Sanders Rd	Northbrook, IL 60062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V	Gardner, Karen C	3100 Sanders Rd	Northbrook, IL 60062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Northbrook, IL	60062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		Northbrook, IL	60062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		Northbrook, IL	60062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Lynn C. Cirincione* **Authorized Representative**

Date

Daytime Phone #

**1/29/00**

**847-402-3029**