

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 847699

1. Entity Name

NORTHBROOK LIFE INSURANCE COMPANY

Principal Place of Business

3100 SANDERS RD.  
M5B  
NORTHBROOK IL 60062-7154  
US

Mailing Address

3075 SANDERS RD  
SUITE H1A  
NORTHBROOK IL 60062  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 36-3001527

Applied For

Not Applicable

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, 2001 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 V  
NAME FRIEDMAN, MARLA G  
STREET ADDRESS 3100 SANDERS RD  
CITY-ST-ZIP NORTHBROOK IL 60062 ☐ Delete

TITLE VD  
NAME ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD  
NAME WILSON II, THOMAS J  
STREET ADDRESS 3100 SANDERS RD  
CITY-ST-ZIP NORTHBROOK IL 60062 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  
NAME GARDNER, KAREN C  
STREET ADDRESS 3100 SANDERS ROAD  
CITY-ST-ZIP NORTHBROOK IL 60062 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME ZILS, JAMES P  
STREET ADDRESS 3100 SANDERS RD  
CITY-ST-ZIP NORTHBROOK IL 60062 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VSD  
NAME VELOTTA, MICHAEL J  
STREET ADDRESS 3100 SANDERS ROAD  
CITY-ST-ZIP NORTHBROOK IL 60062 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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.

Lynn Cirrincione

SIGNATURE: *Lynn Cirrincione*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Authorized Representative 4/16/01

Date

Daytime Phone #

(847) 482-3029

FILED  
May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90002 038 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)