

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P33667** (7)

1. Corporation Name
GLENBROOK LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address
3100 SANDERS ROAD 3100 SANDERS ROAD
M5B M5B
NORTHBROOK IL 60062-7154 NORTHBROOK IL 60062-7154
US US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 29 Country 30

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL 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	PCD
NAME	LOWER, LOUIS G., II
STREET ADDRESS	3100 SANDERS ROAD
CITY - ST - ZIP	NORTHBROOK IL
TITLE	VD
NAME	MCPHERSON, DAVID E.
STREET ADDRESS	3100 SANDERS ROAD
CITY - ST - ZIP	NORTHBROOK IL
TITLE	VD
NAME	FRIEDMAN, MARLA G
STREET ADDRESS	3100 SANDERS ROAD
CITY - ST - ZIP	NORTHBROOK IL
TITLE	VT
NAME	RESNICK, MYRON J.
STREET ADDRESS	3100 SANDERS ROAD
CITY - ST - ZIP	NORTHBROOK IL
TITLE	VD
NAME	HECKMAN, PETER H.
STREET ADDRESS	3100 SANDERS ROAD
CITY - ST - ZIP	NORTHBROOK IL
TITLE	VSD
NAME	VELOTTA, MICHAEL J.
STREET ADDRESS	3100 SANDERS ROAD
CITY - ST - ZIP	NORTHBROOK IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Delete
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Peter H. Heckman*
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
Peter H. Heckman V.P. Finance

Date: **708-402-5000**
Telephone Number

APPROVED AND FILED
95 MAR 21 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/22/1991** 3a. Date of Last Report **04/20/1994**
4. FEI Number **36-3742955** 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 has liability for intangible tax under S. 199.032, Florida Statutes. Yes No