

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

CORPORATION
 REINSTATEMENT

FILED

02 MAR 22 AM 11:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P33667

1. Corporation Name

Glenbrook Life Insurance Company

100005183571--7
 -04/02/02--01055--024
 1650.00 *1500.00

Beck

2. Principal Office Address

10255 W. Higgins Road
 Suite, Apt. #, etc.
 #700

City & State

Rosemont, IL

Zip Country

60018 USA

3. Mailing Office Address

10255 W. Higgins Road
 Suite, Apt. #, etc.
 #700

City & State

Rosemont, IL

Zip Country

60018 USA

4. Date Incorporated or Qualified
 To Do Business in Florida

4/22/1991

5. FEI Number

363742955

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
 for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

REINSTATEMENT 96-102

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
 Registered Agent

[Signature]

Francis P. Regan
 Assistant Secretary

REGISTERED AGENT MUST SIGN

Date 1/9/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|-----------------------------------|--|---------------------------|
| P/D | Timothy E. Devereux | 10255 W. Higgins, Suite 700 | Rosemont, IL 60018 |
| S | Beth E. Stuchel | 3333 Beverly Road | Hoffman Estates IL 60179 |
| D | Kevin T. Keleghan | 3333 Beverly Road | Hoffman Estates, IL 60179 |
| T/D | Lucinda M. Baier | 3333 Beverly Road | Hoffman Estates, IL 60179 |
| | | | |
| | | | |

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature] Timothy E. Devereux, Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 President

Date 12/19/01

847-375-8001
 Daytime Phone #

CR2E081 (8/00)