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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F92000000089 (4)

1. Corporation Name

GLENBROOK LIFE AND ANNUITY COMPANY



Principal Place of Business

3100 SANDERS ROAD
M5B
NORTHBROOK IL 60062-7154
US

Mailing Address

3100 SANDERS ROAD
M5B
NORTHBROOK IL 60062-7155
US

3. Date Incorporated or Qualified

11/03/1992

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

35-1113325

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

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 required for principal officers, directors, and registered agent, if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	LOWER, LOUIS G II	
STREET ADDRESS	3100 SANDERS ROAD	
CITY - ST - ZIP	NORTHBROOK IL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	VELOTTA, MICHAEL J	
STREET ADDRESS	3100 SANDERS ROAD	
CITY - ST - ZIP	NORTHBROOK IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HECKMAN, PETER H	
STREET ADDRESS	3100 SANDERS ROAD	
CITY - ST - ZIP	NORTHBROOK IL	
TITLE	COFF	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, MARLA G	
STREET ADDRESS	3100 SANDERS ROAD	
CITY - ST - ZIP	NORTHBROOK IL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ZILS, JAMES P.	
STREET ADDRESS	3100 SANDERS ROAD	
CITY - ST - ZIP	NORTHBROOK IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	President & Chief operating officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	Vice President <input checked="" 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	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Kevin R. Slawin
6.3 STREET ADDRESS	3100 Sanders Road
6.4 CITY - ST - ZIP	Northbrook IL 60062-7154

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-97 847-402-5000

CR2E034 (9/96)

1997 Annual Report

Page 2

12.

7.1	TITLE	Chief Investment Officer
7.2	NAME	Casey Joseph Sylla
7.3	ADDRESS	3100 Sanders Road
7.4	CITY-ST-ZIP	Northbrook IL 60062-7154