

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 60062-7154
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1992

4. FEI Number

35-1113325

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL

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	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	PCOO	<input type="checkbox"/> DELETE
NAME	HECKMAN, PETER H	
STREET ADDRESS	3100 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	VP	<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	VP	<input type="checkbox"/> DELETE
NAME	SLAWIN, KEVIN R	
STREET ADDRESS	3100 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL 54	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	

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****\$50.00 ****\$50.00

14. 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 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]

FILED

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (10/97)