

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90225 005 \*\*\*150.00

DOCUMENT # F92000000089

1. Corporation Name

GLENBROOK LIFE AND ANNUITY COMPANY

Principal Place of Business

3100 SANDERS ROAD  
MSB  
NORTHBROOK IL 60062-7154  
US

Mailing Address

3100 SANDERS ROAD  
MSB  
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  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

Country

3075 SANDERS ROAD

Suite HAC

NORTHBROOK, IL

60062

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32304  
TALLAHASSEE  
TALLAHASSEE

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  
NAME LOWER, LOUIS G II  
STREET ADDRESS 3100 SANDERS ROAD  
CITY-ST-ZIP NORTHBROOK IL

☐ DELETE

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

☐ DELETE

TITLE PCOO  
NAME HECKMAN, PETER H  
STREET ADDRESS 3100 SANDERS ROAD  
CITY-ST-ZIP NORTHBROOK IL

☐ DELETE

TITLE VP  
NAME FRIEDMAN, MARLA G  
STREET ADDRESS 3100 SANDERS ROAD  
CITY-ST-ZIP NORTHBROOK IL

☐ DELETE

TITLE T  
NAME ZILS, JAMES P.  
STREET ADDRESS 3100 SANDERS ROAD  
CITY-ST-ZIP NORTHBROOK IL

☐ DELETE

TITLE VP  
NAME SLAWIN, KEVIN R  
STREET ADDRESS 3100 SANDERS RD  
CITY-ST-ZIP NORTHBROOK IL 54

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: David Simek Authorized Representative

Date

Daytime Phone #

4/19/99

897-402-2629

CR2E034 (11/98)