

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90089 007 \*\*\*150.00

**DOCUMENT # F92000000089**

1. Entity Name

**GLENBROOK LIFE AND ANNUITY COMPANY**

Principal Place of Business

Mailing Address

**3100 SANDERS ROAD  
M5B  
NORTHBROOK IL 60062-7154  
US****3075 SANDERS RD  
STE H2C  
NORTHBROOK IL 60062-7119  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite H1A**

City &amp; State

City &amp; State

4. FEI Number **35-1113325**

Applied For

Not Applicable

Zip

Country

Zip

Country

**60062-7127**5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
CEOD	LOWER, LOUIS G II	3100 SANDERS ROAD	NORTHBROOK IL	<input checked="" type="checkbox"/>		Wilson, Thomas J II	3100 Sanders Rd	Northbrook, IL 60062	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VSD	VELOTTA, MICHAEL J	3100 SANDERS ROAD	NORTHBROOK IL	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
PCOO	HECKMAN, PETER H	3100 SANDERS ROAD	NORTHBROOK IL	<input checked="" type="checkbox"/>		Gardner, Karen	3100 Sanders Rd	Northbrook, IL 60062	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	FRIEDMAN, MARLA G	3100 SANDERS ROAD	NORTHBROOK IL	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	ZILS, JAMES P.	3100 SANDERS ROAD	NORTHBROOK IL	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	SLAWIN, KEVIN R	3100 SANDERS RD	NORTHBROOK IL 54	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Lynn Circinione**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/29/00 847-402-3029**

Date

Daytime Phone #