

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90153 034 ***150.00

DOCUMENT # F92000000089



1. Entity Name
GLENBROOK LIFE AND ANNUITY COMPANY

Principal Place of Business
5343 NORTH 16TH ST
STE 300
PHOENIX AZ 85016
US

Mailing Address
3075 SANDERS RD
STE-H1A
NORTHBROOK IL 60062-7127
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 35-1113325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILSON, THOMAS J II	
STREET ADDRESS	3100 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	VELOTTA, MICHAEL J	
STREET ADDRESS	3100 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GARDNER, KAREN	
STREET ADDRESS	3100 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRIEDMAN, MARLA G	
STREET ADDRESS	3100 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	T	<input type="checkbox"/> Delete
NAME	ZILS, JAMES P.	
STREET ADDRESS	3100 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	V	<input type="checkbox"/> Delete
NAME	SLAWIN, KEVIN R	
STREET ADDRESS	3100 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL 60062	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Casey Joseph Sullia	
STREET ADDRESS	3100 Sanders Road	
CITY-ST-ZIP	Northbrook, IL 60062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Samuel Henry Pilek	
STREET ADDRESS	3100 Sanders Road	
CITY-ST-ZIP	Northbrook, IL 60062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)