

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAR 22 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P33667

1. Corporation Name

Glenbrook Life Insurance Company

2. Principal Office Address

10255 W. Higgins Road

Suite, Apt. #, etc.

#700

City & State

Rosemont, IL

Zip

60018

Country

USA

3. Mailing Office Address

10255 W. Higgins Road

Suite, Apt. #, etc.

#700

City & State

Rosemont, IL

Zip

60018

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/22/1991

5. FEI Number

363742955

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Francis P. Regan
Assistant Secretary

Date 1/9/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Timothy E. Devereux	10255 W. Higgins, Suite 700	Rosemont, IL 60018
S	Beth E. Stuchel	3333 Beverly Road	Hoffman Estates, IL 60179
D	Kevin T. Keleghan	3333 Beverly Road	Hoffman Estates, IL 60179
T/D	Lucinda M. Baier	3333 Beverly Road	Hoffman Estates, IL 60179

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy E. Devereux Jr.
President

Date

12/19/01

Daytime Phone #

847-375-8001

CR2E081 (9/00)