

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT •  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 824774 (4)**

1. Corporation Name  
**FEDERAL KEMPER LIFE ASSURANCE COMPANY**

*page 1 of 2*



Principal Place of Business: **ONE KEMPER DRIVE T-1  
LONG GROVE IL 60049**  
Mailing Address: **ONE KEMPER DRIVE T-1  
LONG GROVE IL 60049**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified <b>07/07/1970</b>	3a. Date of Last Report <b>01/30/1995</b>
4. FEI Number <b>04-6046830</b>	Applied for Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>INSURANCE COMMISSIONER &amp; TREASURER THE CAPITAL TALLAHASSEE FL 32301</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				<b>FL</b>	

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 for reinstatement) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FITZPATRICK, JOHN H.</b>	1.2 NAME	
STREET ADDRESS	<b>1 KEMPER DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONG GROVE IL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOTT, JOHN B.</b>	2.2 NAME	
STREET ADDRESS	<b>1 KEMPER DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONG GROVE IL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRYE, ELIANE C.</b>	3.2 NAME	
STREET ADDRESS	<b>1 KEMPER DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONG GROVE IL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANIEL, ROBERT A.</b>	4.2 NAME	
STREET ADDRESS	<b>1 KEMPER DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONG GROVE IL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALLICCHIO, KATHLEEN A</b>	5.2 NAME	
STREET ADDRESS	<b>1 KEMPER DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONG GROVE IL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATHIS, DAVID B.</b>	6.2 NAME	
STREET ADDRESS	<b>1 KEMPER DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONG GROVE IL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 typed or printed name of signing officer or director) DATE: **3/20/96** DISPLAYED PHONE #: **847-550-5500**

CR2E034 (12/95)

FEDERAL KEMPER LIFE ASSURANCE COMPANY 1996 FLORIDA FORM # 824774  
 OFFICERS AND DIRECTORS LISTING  
 1 KEMPER DRIVE, T-1  
 LONG GROVE, IL 60049-0001  
 FEIN 04-6046830

824774 282

TITLE	NAME	STREET	CITY	STATE	ZIP
PRESIDENT & CEO & DIRECTOR	JOHN BURT SCOTT	523 SOUTH BEVERLY	ARLINGTON HEIGHTS	IL	60005
SECRETARY SR VP & GEN COUNSEL	DEBRA PHIPPS REZABEK	925 PINE TREE LANE	WINNETKA	IL	60083
TREASURER & CONTROLLER	ROBERT ALBERT DANIEL	1523 IDAHO PLACE	ELK GROVE VILLAGE	IL	60007
EXEC VICE PRESIDENT - SERVICE	ELIANE CLAUDINE FRYE	303 WILLOW PARKWAY	BUFFALO GROVE	IL	60089
EXEC VICE PRESIDENT - MARKETING	JEROME JOHN CMIOK	4774 WELLINGTON DRIVE	LONG GROVE	IL	60047
SR VICE PRES & CHIEF FINANCIAL OFFICER	FREDERICK LEE BLACKMON	5860 E MILLER WAY	BLOOMFIELD TW	MI	48301
SR VICE PRESIDENT & CHIEF ACTUARY	JAMES EDWARD HOHMANN	1 NEWBURY COURT	HAWTHORN WOODS	IL	60047
SR VICE PRESIDENT	JAMES CHARLES HARKENSEE	4124 NORTH HARVARD	ARLINGTON HEIGHTS	IL	60004
SR VICE PRESIDENT	STUART KNIGHT HOLCOMB	259 INVER WAY	INVERNESS	IL	60067
SR V PRES & CORP DEVELOPMENT OFFICER	EDWARD KING LOUGHRIDGE	32 OTIS ROAD	BARRINGTON HILLS	IL	60010
ACTUARIAL OFFICER - FINANCIAL	STEVEN DOUGLAS POWELL	901 SOUTH BRUNER	HINSDALE	IL	60521
CHIEF INVESTMENT OFFICER	GARY W FRIDLEY	1683 SETON ROAD	NORTHBROOK	IL	60062
CHIEF UNDERWRITER & SERVICE OFFICER	LYNN ERIC PATTERSON	7180 FOXFIRE DRIVE	CRYSTAL LAKE	IL	60014
CHIEF SERVICE OFFICER	BARBARA SCANDRETT SACKS	4730 AMBER CIRCLE	HOFFMAN ESTATES	IL	60195
DIRECTOR	LOREN JAV ALTER	1370 WESTMOOR TRAIL	WINNETKA	IL	60093
DIRECTOR	WILLIAM HOWARD BOLLINDER	389 WHITE OAK LANE	BARRINGTON	IL	60010
DIRECTOR	DANIEL LOUIS DOCTOROFF	309 W 91ST STREET	NEW YORK	NY	10024
DIRECTOR	STEVEN MARK GLUCKSTERN	10 CRICKET LANE	DOBBS FERRY	NY	10522
DIRECTOR	MICHAEL PETER STRAMAAGLIA	1400 AMERICAN LANE	SCHAUMBURG	IL	60173
DIRECTOR	PAUL HENDRICK WARREN	40 B E 98TH STREET	NEW YORK	NY	10128