

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90034 022 ***150.00

DOCUMENT # 847579

1. Entity Name

**KEMPER INVESTORS LIFE INSURANCE COMPANY OF ILLIN
OIS**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-3050975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STATE INSURANCE COMMISSIONER
CAPITAL BLDG.
TALLAHASSEE FL 32301**

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, 2002 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	COBD SCOTT, JOHN B. ONE KEMPER DRIVE T-1 LONG GROVE IL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REZABEK, DEBRA P ONE KEMPER DRIVE T-1 LONG GROVE IL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLACKMON, FREDERICK L ONE KEMPER DRIVE T-1 LONG GROVE IL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HOHMANN, JAMES E ONE KEMPER DRIVE T-1 LONG GROVE IL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOHMANN, JAMES E ONE KEMPER DRIVE T-1 LONG GROVE IL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CARUSO, GALE K ONE KEMPER DRIVE T-1 LONG GROVE IL	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONTROLLER + TREASURER DAVE JORDANSEN 1600 McCONNOR PKWY SCHAMMURG IL 60196	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR V.P. + CHIEF ACTUARY ED ROBBINS 1600 McCONNOR PKWY SCHAMMURG IL 60196	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-25-02

Date

Daytime Phone #

CR2E034 (9/01)