

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2004 8:00 am
Secretary of State

07-20-2004 90001 025 ***150.00

DOCUMENT # 847579

1. Entity Name
KEMPER INVESTORS LIFE INSURANCE COMPANY OF ILLINOIS



Principal Place of Business
**1600 MCCONNOR PARKWAY
SCHAUMBURG, IL 60196**

Mailing Address
**1600 MCCONNOR PARKWAY
SCHAUMBURG, IL 60196**

54063726



2. Principal Place of Business

3. Mailing Address

3003 77th Ave SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07142004

Chg-P

CR2E034 (10/03)

City & State

City & State

Mercer Island, WA

4. FEI Number

36-3050975

Applied For

Not Applicable

Zip

Country

Zip

Country

98040

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **CT** ☐ Delete
NAME **JORGONSON, DAVE**
STREET ADDRESS **1600 MCCONNOR PKWY**
CITY-ST-ZIP **SCHAUMBURG, IL 60196**

TITLE **S** ☐ Delete
NAME **REZABEK, DEBRA P**
STREET ADDRESS **1600 MCCONNOR PARKWAY**
CITY-ST-ZIP **SCHAUMBURG, IL 60196**

TITLE **V** ☐ Delete
NAME **BLACKMON, FREDERICK L**
STREET ADDRESS **1600 MCCONNOR PARKWAY**
CITY-ST-ZIP **SCHAUMBURG, IL 60196**

TITLE **PCEO** ☐ Delete
NAME **CARUSO, GALE K**
STREET ADDRESS **1600 MCCONNOR PARKWAY**
CITY-ST-ZIP **SCHAUMBURG, IL 60196**

TITLE **C** ☐ Delete
NAME **DAVIS, MARK A**
STREET ADDRESS **1600 MCCONNOR PARKWAY**
CITY-ST-ZIP **SCHAUMBURG, IL 60196**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CPD** ☒ Change ☐ Addition
NAME **Diane C. Davis**
STREET ADDRESS **3003 77th Ave SE**
CITY-ST-ZIP **Mercer Island, WA 98040**

TITLE **S** ☒ Change ☐ Addition
NAME **Debra P. Rezabek**
STREET ADDRESS **4680 Wilshire Blvd**
CITY-ST-ZIP **Los Angeles, CA 90010-3807**

TITLE **TD** ☒ Change ☐ Addition
NAME **Matthew W. Kindsvogel**
STREET ADDRESS **3003 77th Ave SE**
CITY-ST-ZIP **Mercer Island, WA 98040**

TITLE **V** ☒ Change ☐ Addition
NAME **Thomas D. Davenport**
STREET ADDRESS **3003 77th Ave SE**
CITY-ST-ZIP **Mercer Island, WA 98040**

TITLE **D** ☒ Change ☐ Addition
NAME **David A. Bowers**
STREET ADDRESS **3003 77th Ave SE**
CITY-ST-ZIP **Mercer Island, WA 98040**

TITLE **V** ☐ Change ☒ Addition
NAME **Richard W. Mathes**
STREET ADDRESS **3003 77th Ave SE**
CITY-ST-ZIP **Mercer Island, WA 98040**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/2004
Date

206.236.7930
Daytime Phone #



FARMERS
LIFE INSURANCE

Attachment

Farmers New World Life Insurance Company
3003 77th Avenue S.E., Mercer Island, WA 98040
Phone: (206) 232-8400 Fax: (206) 275-8038

54063726
#847579

July 14, 2004

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

RE: 2004 ANNUAL REPORT

Enclosed are the following documents for Kemper Investors Life Insurance Company, NAIC #90557:

1. A completed 2004 Annual Report
2. A check in the amount of \$150.00

We respectfully request the \$400.00 fee be waived since Kemper Investors Life Insurance Company failed to receive any notification of the 2004 Annual Report filing requirement prior to the July 6, 2004 postcard indicating intent to dissolve.

If you have any questions, please contact the Financial Reconciliation & Compliance Department at (206) 275-8128.

Enc.