

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 847579

1. Entity Name
KEMPER INVESTORS LIFE INSURANCE COMPANY OF
ILLINOIS



FILED

05 NOV 15 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1600 MCCONNOR PARKWAY
SCHAUMBURG, IL 60196

Mailing Address
3003 77TH AVE SE
MERCER ISLAND, WA 98040

2. Principal Place of Business
1400 American Lane

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11112005 REIN-P CR2E098 (6/04)

City & State
Schaumburg, IL

City & State

4. FEI Number
36-3050975

Applied For
Not Applicable

Zip
60196

Country
USA

Zip

Country

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

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

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 January 1, 2006, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CPD ☐ Delete
NAME DAVIS, DIANE C
STREET ADDRESS 3003 77TH AVE SE
CITY-ST-ZIP MERCER ISLAND, WA 98040

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 300061624678
CITY-ST-ZIP 11/22/05--01047--010 **150.00

TITLE S ☒ Delete
NAME REZABEK, DEBRA P
STREET ADDRESS 4680 WILSHIRE BLVD
CITY-ST-ZIP LOS ANGELES, CA 900103807

TITLE S ☐ Change ☒ Addition
NAME Close, Douglas
STREET ADDRESS 3003 77th Ave SE
CITY-ST-ZIP Mercer Island, WA 98040

TITLE TD ☐ Delete
NAME KINDSVOGEL, MATTHEW W
STREET ADDRESS 3003 77TH AVE SE
CITY-ST-ZIP MERCER ISLAND, WA 98040

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME DAVENPORT, THOMAS D
STREET ADDRESS 3003 77TH AVE SE
CITY-ST-ZIP MERCER ISLAND, WA 98040

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BOWERS, DAVID A
STREET ADDRESS 3003 77TH AVE SE
CITY-ST-ZIP MERCER ISLAND, WA 98040

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME MATHES, RICHARD W
STREET ADDRESS 3003 77TH AVE SE
CITY-ST-ZIP MERCER ISLAND, WA 98040

TITLE ☐ Change ☐ 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: Matthew W. Kindsvogel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #