

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
May 01, 2008 8:00 am  
Secretary of State

05-01-2008 90196 004 \*\*\*150.00

DOCUMENT # 847579

1. Entity Name  
KEMPER INVESTORS LIFE INSURANCE CO OF ILLINOIS



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1400 American Lane

Suite, Apt. #, etc.

3. Mailing Address

15375 SE 30th Place

Suite, Apt. #, etc.

Suite 310

City & State

Schaumburg, IL

City & State

Bellevue, WA

4. FEI Number

36-3050975

Applied For

Not Applicable

Zip  
60196

Country  
USA

Zip  
98007

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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60036334

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
Chief Financial Officer

Street Address (P.O. Box Number is Not Acceptable)  
PO Box 6200 (32314-6200)

200 East Gaines Street

City  
Tallahassee

FL

Zip Code  
32399-0000

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/COO Davis, Diane C 15375 SE 30th Place, Suite 310 Bellevue, WA 98007	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Demmon, David A. 15375 SE 30th Place, Suite 310 Bellevue, WA 98007	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/CFO Horton, Jeffrey S. 15375 SE 30th Place, Suite 310 Bellevue, WA 98007	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Seko, Lauree F. 15375 SE 30th Place, Suite 310 Bellevue, WA 98007	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP Sparks, Steven H. 15375 SE 30th Place, Suite 310 Bellevue, WA 98007	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Mathes, Richard W. 15375 SE 30th Place, Suite 310 Bellevue, WA 98007	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)