

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 810044

FILED
Apr 20, 2009
Secretary of State

Entity Name: ILLINOIS MUTUAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

300 S.W. ADAMS ST.
PEORIA, IL 61634

New Principal Place of Business:

Current Mailing Address:

300 S.W. ADAMS ST.
PEORIA, IL 61634

New Mailing Address:

FEI Number: 37-0344290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUFFMAN, REX & ASSOCIATES, INC.
2300 NORTH ORANGE AVE.
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: JENKINS, KATIE M
Address: 300 S.W. ADAMS ST
City-St-Zip: PEORIA, IL 61634 US

Title: VP () Delete
Name: YESKE, BILLIE G
Address: 300 SW ADAMS ST
City-St-Zip: PEORIA, IL 61634 US

Title: D () Delete
Name: MCCORD, JUDITH K
Address: 300 S.W. ADAMS ST
City-St-Zip: PEORIA, IL 61634 US

Title: COBP () Delete
Name: MCCORD, MICHEL A
Address: 300 S.W. ADAMS ST
City-St-Zip: PEORIA, IL 61634 US

Title: EVPD () Delete
Name: PALMATIER, WILLIAM E
Address: 300 S.W. ADAMS ST
City-St-Zip: PEORIA, IL 61634 US

Title: VPT () Delete
Name: PEDERSEN, ROBERT F
Address: 300 S.W. ADAMS ST
City-St-Zip: PEORIA, IL 61634 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E PALMATER

EVPD

04/20/2009

Electronic Signature of Signing Officer or Director

Date