FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

5-1-95

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **822005** **(5)**

1. Corporation Name

FEDERATED INVESTORS LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
CORPORATE TAXES DEPT., 26TH FLOOR 123 N. WACKER DRIVE CHICAGO IL 60606	CORPORATE TAXES DEPT., 26TH FLOOR 123 N. WACKER DRIVE CHICAGO IL 60606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/29/1968**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 25

Suite, Apt. #, etc. — 22

City & State — 23

Zip — 24

Country

Pricipal Place of Bus./Mailing Address
123 North Wacker Drive, 26th Flr.
Chicago, Illinois 60606
County: COOK

4. FEI Number: **47-0482911** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VT	11 TITLE		☐ Change ☐ Addition
NAME	MEDVIN, HARVEY N.	12 NAME		
STREET ADDRESS	123 N WACKER DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	14 CITY-ST-ZIP		
TITLE	CDP	21 TITLE		☐ Change ☐ Addition
NAME	COX, DANIEL T.	22 NAME		
STREET ADDRESS	123 N WACKER DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	24 CITY-ST-ZIP		
TITLE	V	31 TITLE	AT	☐ Change ☒ Addition
NAME	LIPPAI, STEVEN	32 NAME	Paul J. Rabin	
STREET ADDRESS	123 N WACKER DRIVE	33 STREET ADDRESS	123 N. Wacker Drive	
CITY-ST-ZIP	CHICAGO IL	34 CITY-ST-ZIP	Chicago IL. 60606	
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	BAER, JEROME I.	42 NAME		
STREET ADDRESS	123 N WACKER DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	44 CITY-ST-ZIP		
TITLE	VS	51 TITLE		☐ Change ☐ Addition
NAME	MARKOUITS, RONALD D.	52 NAME		
STREET ADDRESS	123 N WACKER DRIVE	53 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	BALDWIN, WILLIAM T.	62 NAME		
STREET ADDRESS	123 N WACKER DRIVE	63 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jerome I Baer JEROME I. BAER 4/27/95 312 70/3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0395447 CP