SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

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

1. Corporation Name

FEDERATED INVESTORS LIFE INSURANCE COMPANY

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

3. Date Incorporated or Qualified: 10/29/1968
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21 / Suite, Apt #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt # etc. 27 / City & State 28 / Zip 29 / Country 30

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

12. OFFICERS AND DIRECTORS

TITLE	VT	☐ DELETE
NAME	MEDVIN, HARVEY N.	
STREET ADDRESS	123 N WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	CDP	☐ DELETE
NAME	COX, DANIEL T.	
STREET ADDRESS	123 N WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	☐ DELETE
NAME	LIPPAI, STEVEN	
STREET ADDRESS	123 N WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	☐ DELETE
NAME	BAER, JEROME I.	
STREET ADDRESS	123 N WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VS	☐ DELETE
NAME	MARKOUITS, RONALD D.	
STREET ADDRESS	123 N WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	☐ DELETE
NAME	BALDWIN, WILLIAM T.	
STREET ADDRESS	123 N WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Assistant Treasurer	☐ Change ☒ Addition
3.2 NAME	Paul I. Rabin	
3.3 STREET ADDRESS	123 N. Wacker Drive	
3.4 CITY-ST-ZIP	Chicago IL 60606	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul I. Rabin 312-701-3978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)