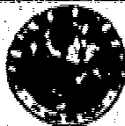


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 7:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 838486 (9)

1. Corporation Name

INVESTORS LIFE INSURANCE COMPANY OF NEBRASKA

Principal Place of Business

**ONE MIDLAND PLAZA
SIOUX FALLS SD 57193**

Mailing Address

**ONE MIDLAND PLAZA
SIOUX FALLS SD 57193**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/25/1977

3a. Date of Last Report

04/29/1994

4. FEI Number

47-0465313

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304**

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 the if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PCEO

NAME

WATSON, JOHN C.

STREET ADDRESS

ONE MIDLAND PLAZA

CITY - ST - ZIP

SIOUX FALLS, SD 00000

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

SVPD

NAME

SPENCER, ALAN H.

STREET ADDRESS

ONE MIDLAND PLAZA

CITY - ST - ZIP

SIOUX FALLS, SD 00000

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

SVPD

NAME

SIMS, WILLIAM D.

STREET ADDRESS

ONE MIDLAND PLAZA

CITY - ST - ZIP

SIOUX FALLS, SD 00000

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

SVPD

NAME

EVENSON, RUSSELL A.

STREET ADDRESS

ONE MIDLAND PLAZA

CITY - ST - ZIP

SIOUX FALLS, SD 00000

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

SVP

NAME

BRIGGS, JACK L.

STREET ADDRESS

ONE MIDLAND PLAZA

CITY - ST - ZIP

SIOUX FALLS, SD 00000

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

SVP

NAME

CRAIG, JOHN J II

STREET ADDRESS

ONE MIDLAND PLAZA

CITY - ST - ZIP

SIOUX FALLS, SD 00000 ALSO, SEE ATTACHED

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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Stanley L. Mallette

April 14, 1995 (605) 335-5880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stanley L. Mallette, Assistant Vice President & Assistant Secretary

838486

INVESTORS LIFE INSURANCE COMPANY OF NEBRASKA
OFFICERS

John C. "Jack" Watson, CLU, FLMI	President, Chairman & CEO
Alan H. Spencer, CLU	Senior Vice President - Marketing
William D. Sims, FLMI, CDP	Senior Vice President - Administration
Russell A. Evenson, FSA, CLU, ChFC	Senior Vice President & Actuary
John J. Craig, II	Senior Vice President & Chief Financial Officer
Jack L. Briggs	Vice President, Secretary & General Counsel
Gary W. Helder, FLMI CLU	Vice President - Policy Administration
E John Fromelt, CFA	Vice President & Chief Investment Off.
Lezlee L. Herdina, CPA, FLMI	Second Vice President & Controller
Robert W. Buchanan, CLU	Second Vice President - Sales Develop.
Donald E. Lemke, FLMI	Second Vice President - Claims
Jeffrey L. Hambek, FSA	Actuary - Financial Analysis
Donald P. Lunde, FLMI	Assistant Vice President - Underwriting
Richard E. Merkley, FLMI	Assistant Vice President - Human Res.
Kenneth A. Joseph	Assistant Vice President - Computer Services
Gregg S. Helms, FLMI	Assistant Vice President - Pol. Admin.
Stanley L. Mallette, FLMI, CPA	Assistant Vice President & Assistant Secretary
Paul C. Livermore, CFA	Assistant Vice President
Thomas A. Roust, FSA, MAAA	Associate Actuary-Planning & Spec. Proj
Timothy A. Reuer, FSA	Associate Actuary-Product Development
Daniel W. Cressman, FLMI, CLU	Assistant Secretary
James P. McAdaragh, FLMI	Assistant Secretary

BOARD OF DIRECTORS

John C. "Jack" Watson
Alan H. Spencer
William D. Sims

838486

INVESTORS LIFE INSURANCE COMPANY OF NEBRASKA

OFFICERS

Russell A. Evenson
John J. Craig, II