FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	Mailing Address
ONE MIDLAND PLAZA SIOUX FALLS SD 57193	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**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **47-0465313** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

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	PCEO	1.1 TITLE	☐ Change ☐ Addition
NAME	WATSON, JOHN C.	1.2 NAME	
STREET ADDRESS	ONE MIDLAND PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	SIOUX FALLS, SD 00000	1.4 CITY-ST-ZIP	
TITLE	SVPD	2.1 TITLE	☐ Change ☐ Addition
NAME	SPENCER, ALAN H.	2.2 NAME	
STREET ADDRESS	ONE MIDLAND PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	SIOUX FALLS, SD 00000	2.4 CITY-ST-ZIP	
TITLE	SVPD	3.1 TITLE	☐ Change ☐ Addition
NAME	SIMS, WILLIAM D.	3.2 NAME	
STREET ADDRESS	ONE MIDLAND PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	SIOUX FALLS, SD 00000	3.4 CITY-ST-ZIP	
TITLE	SVPD	4.1 TITLE	☐ Change ☐ Addition
NAME	EVENSON, RUSSELL A.	4.2 NAME	
STREET ADDRESS	ONE MIDLAND PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	SIOUX FALLS, SD 00000	4.4 CITY-ST-ZIP	
TITLE	SVP	5.1 TITLE	☐ Change ☐ Addition
NAME	BRIGGS, JACK L.	5.2 NAME	
STREET ADDRESS	ONE MIDLAND PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	SIOUX FALLS, SD 00000	5.4 CITY-ST-ZIP	
TITLE	SVP	6.1 TITLE	☐ Change ☐ Addition
NAME	CRAIG, JOHN J II	6.2 NAME	
STREET ADDRESS	ONE MIDLAND PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	SIOUX FALLS, SD 00000 ALSO, SEE ATTACHED	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 607, 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 — Date — Daytime Phone #
Stanley L. Mallette, Assistant Vice President & Assistant Secretary

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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

INVESTORS LIFE INSURANCE COMPANY OF NEBRASKA

OFFICERS

Russell A. Evenson
John J. Craig, II