

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

10F3

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified  
05/25/1977

3a. Date of Last Report  
04/24/1995

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  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

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  
85 Zip Code  
FL

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 (Block 9)

(APR) Registered Agent Signature (Block 10) Date

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	WATSON, JOHN C.	
STREET ADDRESS	ONE MIDLAND PLAZA	
CITY-ST-ZIP	SIOUX FALLS, SD 00000	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	SPENCER, ALAN H.	
STREET ADDRESS	ONE MIDLAND PLAZA	
CITY-ST-ZIP	SIOUX FALLS, SD 00000	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	SIMS, WILLIAM D.	
STREET ADDRESS	ONE MIDLAND PLAZA	
CITY-ST-ZIP	SIOUX FALLS, SD 00000	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	EVENSON, RUSSELL A.	
STREET ADDRESS	ONE MIDLAND PLAZA	
CITY-ST-ZIP	SIOUX FALLS, SD 00000	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	BRIGGS, JACK L.	
STREET ADDRESS	ONE MIDLAND PLAZA	
CITY-ST-ZIP	SIOUX FALLS, SD 00000	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	CRAIG, JOHN J II	
STREET ADDRESS	ONE MIDLAND PLAZA	
CITY-ST-ZIP	SIOUX FALLS, SD 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MICHAEL M. MASTERSON
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

800001791738  
-04/24/96--01002--026  
\*\*\*200.00

4-23-96

ALSO, SEE ATTACHED

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY L. MALLETTE, ASSISTANT VICE PRESIDENT & ASSISTANT SECRETARY

APRIL 16, 1996 (605) 335-5800

CR2E034 (12/95)

#838486 2 of 3

INVESTORS LIFE INSURANCE COMPANY OF NEBRASKA  
OFFICERS

John C. "Jack" Watson, CLU, FLMI	President, Chairman & CEO
Michael M. Masterson, CLU, ChFC	Executive 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, CPA	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.
Thomas M. Meyer, CPA, FLMI	Second Vice President & Controller
Robert W. Buchanan, CLU	Second Vice President-Marketing Service
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
Bruce D. Adams, CPA	Assistant Controller
Daniel W. Cressman, FLMI, CLU	Assistant Secretary
James P. McAdaragh, FLMI	Assistant Secretary

BOARD OF DIRECTORS

John C. "Jack" Watson

#838486  
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INVESTORS LIFE INSURANCE COMPANY OF NEBRASKA  
OFFICERS

Alan H. Spencer  
William D. Sims  
Russell A. Evenson  
John J. Craig, II  
James N. Whitson