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3-10-95 B- 2018

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 AM 9:02

DOCUMENT # 839341 (5)

1. Corporation Name

PIONEER LIFE INSURANCE COMPANY OF ILLINOIS

Principal Place of Business	Mailing Address
304 NORTH MAIN ST ROCKFORD IL 61101	1750 E. GOLF RD SCHAUMBURG IL 60173 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/19/1977
3a. Date of Last Report: 03/04/1994

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: 37-0844470 ☐ 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
CAPITOL BUILDING
TALLAHASSEE FL 32399

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	COD	1.1 TITLE	COD	☒ Change ☐ Addition
NAME	NAUERT, PETER W	1.2 NAME	Nauert, Peter	
STREET ADDRESS	1935 HARLEM BLVD	1.3 STREET ADDRESS	509 Parliment Place	
CITY-ST-ZIP	ROCKFORD, IL 00000	1.4 CITY-ST-ZIP	Rockford, Illinois 61107	
TITLE	P	2.1 TITLE	P	☒ Change ☐ Addition
NAME	NAURET, ROBERT R.	2.2 NAME	Brophy, Thomas J.	
STREET ADDRESS	7460 NORTH RIVER ROAD	2.3 STREET ADDRESS	461 W. Rosiland Rd.	
CITY-ST-ZIP	RIVER HILLS WI	2.4 CITY-ST-ZIP	Palatine, Illinois 60074	
TITLE	EV	3.1 TITLE	SV	☒ Change ☐ Addition
NAME	BOYLE, JOAN F	3.2 NAME	Fiskow, Philip J.	
STREET ADDRESS	1126 S. NEW WILKE RD #31	3.3 STREET ADDRESS	1136 Greenbriar Lane	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL	3.4 CITY-ST-ZIP	North Brook, Illinois 60062	
TITLE	SV	4.1 TITLE	SV	☒ Change ☐ Addition
NAME	CASEY, TIMOTHY M	4.2 NAME	Resnick, Lee H.	
STREET ADDRESS	4802 JAVELIN #2	4.3 STREET ADDRESS	1204 Lisa Circle	
CITY-ST-ZIP	ROCKFORD, IL 00000	4.4 CITY-ST-ZIP	Libertyville, Illinois 60048	
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	VICKERS, DAVID I	5.2 NAME		
STREET ADDRESS	409 WASHINGTON	5.3 STREET ADDRESS		
CITY-ST-ZIP	ELMHURST IL	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE	S	☒ Change ☐ Addition
NAME	PINZUR, ROBERT S	6.2 NAME	Ellis, Gordon K.	
STREET ADDRESS	997 PROVIDENCE LN	6.3 STREET ADDRESS	25138 N. Pawnee Rd.	
CITY-ST-ZIP	BUFFALO GROVE IL	6.4 CITY-ST-ZIP	Barrington, Illinois 60010	

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 with changes, or addition with an address.

SIGNATURE: David I. Vickers 2/22/95 (708) 995-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0460507 FP