

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 4:07

DOCUMENT # **847579** (0)
1. Corporation Name
KEMPER INVESTORS LIFE INSURANCE COMPANY OF ILLINOIS

Principal Place of Business Mailing Address
ONE KEMPER DRIVE T-1 LONG GROVE IL 60049 **ONE KEMPER DRIVE T-1 LONG GROVE IL 60049**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/25/1980** 3a. Date of Last Report **04/05/1994**
4. FEI Number **36-3050975** 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. 100.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**STATE INSURANCE COMMISSIONER
CAPITAL BLDG.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
01. Name
02. Street Address (P.O. Box Number is Not Acceptable)
03.
04. City **FL** 05. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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 applicable (NOTE: Registered Agent Signature required when registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PDC
NAME	SCOTT, JOHN B.
STREET ADDRESS	ONE KEMPER DRIVE T-1
CITY-ST-ZIP	LONG GROVE IL
TITLE	S
NAME	GALLICHO, KATHLEEN A.
STREET ADDRESS	ONE KEMPER DRIVE T-1
CITY-ST-ZIP	LONG GROVE IL
TITLE	V
NAME	PHEFFER, PAUL P.
STREET ADDRESS	ONE KEMPER DRIVE T-1
CITY-ST-ZIP	LONG GROVE IL
TITLE	T
NAME	BURNS, JOHN W
STREET ADDRESS	ONE KEMPER DRIVE T-1
CITY-ST-ZIP	LONG GROVE IL
TITLE	V
NAME	MILLIGAN, DORETTA
STREET ADDRESS	ONE KEMPER DRIVE T-1
CITY-ST-ZIP	LONG GROVE IL
TITLE	D
NAME	FITZPATRICK, JOHN H
STREET ADDRESS	ONE KEMPER DRIVE T-1
CITY-ST-ZIP	LONG GROVE IL

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robert A. Daniel
3.3 STREET ADDRESS	One Kemper Drive T-1
3.4 CITY-ST-ZIP	Long Grove, IL 60049
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Burnett A. Halstead, Jr.
5.3 STREET ADDRESS	One Kemper Drive T-1
5.4 CITY-ST-ZIP	Long Grove, IL 60049
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 given not exactly for the incorporation stated in Section 110.07(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. 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 13 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert A. Daniel* 11/18/95 708.380.5155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR