

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

*Page 1 of 2*

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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

**11/25/1980**

3a. Date of Last Report

**01/26/1995**

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. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STATE INSURANCE COMMISSIONER  
CAPITAL BLDG.  
TALLAHASSEE FL 32301**

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 title if applicable

(NOTE: Registered Agent signature required when changing fees)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	SCOTT, JOHN B.	
STREET ADDRESS	ONE KEMPER DRIVE T-1	
CITY- ST- ZIP	LONG GROVE IL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GALLICCHIO, KATHLEEN A.	
STREET ADDRESS	ONE KEMPER DRIVE T-1	
CITY- ST- ZIP	LONG GROVE IL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DANIEL, ROBERT A	
STREET ADDRESS	ONE KEMPER DRIVE T-1	
CITY- ST- ZIP	LONG GROVE IL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BURNS, JOHN W	
STREET ADDRESS	ONE KEMPER DRIVE T-1	
CITY- ST- ZIP	LONG GROVE IL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HALSTEAD, BURNETT A JR	
STREET ADDRESS	ONE KEMPER DRIVE T-1	
CITY- ST- ZIP	LONG GROVE IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FITZPATRICK, JOHN H	
STREET ADDRESS	ONE KEMPER DRIVE T-1	
CITY- ST- ZIP	LONG GROVE IL	

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 checked="" type="checkbox"/> Addition
2.2 NAME	S Rezabek, Debra P
2.3 STREET ADDRESS	One Kemper Drive T-1
2.4 CITY- ST- ZIP	Long Grove IL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	V Blackmon, Frederick L
3.3 STREET ADDRESS	One Kemper Drive T-1
3.4 CITY- ST- ZIP	Long Grove IL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T Daniel, Robert A
4.3 STREET ADDRESS	One Kemper Drive T-1
4.4 CITY- ST- ZIP	Long Grove IL
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	V Hohmann, James F.
5.3 STREET ADDRESS	One Kemper Drive T-1
5.4 CITY- ST- ZIP	Long Grove IL
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 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/96  
Date

847-550-5500  
Executive Phone #

CR2E034 (12/95)

KEMPER INVESTORS LIFE INSURANCE COMPANY  
 1 KEMPER DRIVE, T-1  
 LONG GROVE, IL 60049-0001

2 082

847579

TITLE	NAME	STREET	CITY	STATE	ZIP
PRESIDENT & CEO & DIRECTOR	JOHN BUFT SCOTT	523 SOUTH BEVERLY	ARLINGTON HEIGHTS	IL	60005
SECRETARY SR VP & GEN COUNSEL	DEBRA PHIPPS REZABEK	925 PINE TREE LANE	WINNETKA	IL	60093
TREASURER & CONTROLLER	ROBERT ALBERT DANIEL	1523 IDAHO PLACE	ELK GROVE VILLAGE	IL	60007
EXEC VICE PRESIDENT - SERVICE	ELIANE CLAUDINE FRYE	303 WILLOW PARKWAY	BUFFALO GROVE	IL	60089
EXEC VICE PRESIDENT - MARKETING	JEROME JOHN CMIOK	4774 WELLINGTON DRIVE	LONG GROVE	IL	60047
SR VICE PRES & CHIEF FINANCIAL OFFICER	FREDERICK LEE BLACKMON	5860 E MILLER WAY	BLOOMFIELD TW	MI	48301
SR VICE PRESIDENT & CHIEF ACTUARY	JAMES EDWARD HOHMANN	1 NEWBURY COURT	HAWTHORN WOODS	IL	60047
SR VICE PRESIDENT	JAMES CHARLES HARKENSEE	4124 NORTH HARVARD	ARLINGTON HEIGHTS	IL	60004
SR VICE PRESIDENT	STUART KNIGHT HOLCOMB	259 INVER WAY	INVERNESS	IL	60067
SR V PRES & CORP DEVELOPMENT OFFICER	EDWARD KING LOUGHBRIDGE	32 OTIS ROAD	BARRINGTON HILLS	IL	60010
ACTUARIAL OFFICER - FINANCIAL	STEVEN DOUGLAS POWELL	901 SOUTH BRUNER	HINSDALE	IL	60521
CHIEF INVESTMENT OFFICER	GARY W FRIDLEY	1683 SETON ROAD	NORTHBROOK	IL	60062
CHIEF UNDERWRITER & SERVICE OFFICER	LYNN ERIC PATTERSON	7180 FOXFIRE DRIVE	CRYSTAL LAKE	IL	60014
CHIEF SERVICE OFFICER	BARBARA SCANDRETT SACKS	4730 AMBER CIRCLE	HOFFMAN ESTATES	IL	60195
DIRECTOR	LOREN JAY ALTER	1370 WESTMOOR TRAIL	WINNETKA	IL	60093
DIRECTOR	WILLIAM HOWARD BOUNDER	389 WHITE OAK LANE	BARRINGTON	IL	60010
DIRECTOR	DANIEL LOUIS DOCTOROFF	309 W 91ST STREET	NEW YORK	NY	10024
DIRECTOR	STEVEN MARK GLUCKSTERN	10 CRICKET LANE	DOBBS FERRY	NY	10522
DIRECTOR	MICHAEL PETER STRAMAGLIA	1400 AMERICAN LANE	SCHAUMBURG	IL	60173
DIRECTOR	PAUL HENDRICK WARREN	40 B E 98TH STREET	NEW YORK	NY	10128