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Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: **ONE KEMPER DRIVE T-1 LONG GROVE IL 60049**
 Mailing Address: **ONE KEMPER DRIVE T-1 LONG GROVE IL 60047-9108**

3. Date incorporated or Qualified: **11/25/1980**
 3a. Date of Last Report: **03/27/1996**
 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

2. Principal Place of Business:
 21. State, Apt. #, etc.:
 22. City & State:
 23. Zip: Country:
 24. 25. 26. 27. 28. 29. 30. 31. 32.

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

10. Name and Address of New Registered Agent:
 81. Name:
 82. Street Address (P.O. Box Number is Not Acceptable):
 83. City:
 84. City: **FL** 85. Zip Code:

11. I, the undersigned, do hereby certify that 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: _____ (NOTE: Registered Agent's signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PDC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	SCOTT, JOHN B.	1.2 NAME	
3. STREET ADDRESS	ONE KEMPER DRIVE T-1	1.3 STREET ADDRESS	
4. CITY, ST, ZIP	LONG GROVE IL	1.4 CITY-ST-ZIP	
5. TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	REZABEK, DEBRA P	2.2 NAME	
7. STREET ADDRESS	ONE KEMPER DRIVE T-1	2.3 STREET ADDRESS	
8. CITY, ST, ZIP	LONG GROVE IL	2.4 CITY-ST-ZIP	
9. TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	BLACKMON, FREDERICK L	3.2 NAME	
11. STREET ADDRESS	ONE KEMPER DRIVE T-1	3.3 STREET ADDRESS	
12. CITY, ST, ZIP	LONG GROVE IL	3.4 CITY-ST-ZIP	
13. TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	DANIEL, ROBERT A	4.2 NAME	
15. STREET ADDRESS	ONE KEMPER DRIVE T-1	4.3 STREET ADDRESS	
16. CITY, ST, ZIP	LONG GROVE IL	4.4 CITY-ST-ZIP	
17. TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	HOHMANN, JAMES E	5.2 NAME	
19. STREET ADDRESS	ONE KEMPER DRIVE T-1	5.3 STREET ADDRESS	
20. CITY, ST, ZIP	LONG GROVE IL	5.4 CITY-ST-ZIP	
21. TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	FITZPATRICK, JOHN H	6.2 NAME	
23. STREET ADDRESS	ONE KEMPER DRIVE T-1	6.3 STREET ADDRESS	
24. CITY, ST, ZIP	LONG GROVE IL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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, if changed, or on an attachment with an address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: _____ DAYTIME PHONE #:

CR2E034 (9/96)

ZURICH KEMPFA LIFE INSURANCE COMPANIES
 1 KEMPER DRIVE, 1-1
 LONG GROVE, IL 60049-8991

TITLE	NAME	STREET	CITY	STAT	ZIP
PRESIDENT & CEO & DIRECTOR	JOHN BURT 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 IDARO PLACE	ELK GROVE VILLAGE	IL	60007
EDUC VICE PRESIDENT - SERVICE	ELLIANE CLAUDINE FRYE	303 WILLOW PARKWAY	BUFFALO GROVE	IL	60089
EDUC VICE PRESIDENT - MARKETING	JEROME JOHN CWTOK	4774 WELLINGTON DRIVE	LONG GROVE	IL	60047
SR VICE PRES & CHIEF FINANCIAL OFFICER	FREDERICK LEE BLACKMON	190 LINDEN PARK PLACE	HIGHLAND PARK	IL	60035
SR VICE PRESIDENT & CHIEF ACTUARY	JAMES EDWARD ROHMANN	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	140 WALKWORTH LANE	INVERNESS	IL	60047
SR VICE PRESIDENT	GEORGE VLADAVLEVICH	21 WINDSTONE WAY	NORTH BARRINGTON	IL	60010
SR VICE PRES & COMP DEVELOP OFFICER	EDWARD KING LOUGHRIDGE	221 TIMBER RIDGE	LAKE BARRINGTON	IL	60010
ACTUARIAL OFFICER - FINANCIAL	STEVEN DOUGLAS POWELL	501 SOUTH BRUNER	HEMSDALE	IL	60521
CHIEF INVESTMENT OFFICER	GARY W FRIDLEY	1303 EDGEWOOD LANE	NORTHEROOK	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
CHIEF INFORMATION OFFICER	DAVID BRIAN LITTLE	1192 PHEASANT RIDGE	LAKE ZURICH	IL	60047
DIRECTOR	LOREN JAY ALTER	1570 WESTMOOR TRAIL	WINNETKA	IL	60093
DIRECTOR	WILLIAM HOWARD BOUNDER	309 WHITE OAK LANE	BARRINGTON	IL	60010
DIRECTOR	DAVID LOUIS DOCTOROFF	309 W 91ST STREET	NEW YORK	NY	10024
DIRECTOR	STEVEN MARK GLODSTEIN	10 CRUICKET LANE	DOBBS FERRY	NY	10522
DIRECTOR	MICHAEL PETER STRAMAGLIA	1400 AMERICAN LANE	SCHAUMBURG	IL	60173
DIRECTOR	PAUL HENDRICK WARREN	40 B E 8TH STREET	NEW YORK	NY	10128
FLA ONLY DIRECTOR	ROLF ERNST HARBGCH	RINDTSEE 4	6300 ZUG	SWITZERLAND	
FLA ONLY DIRECTOR	RUDOLF FRANZ RUTZI	FORCHSTRASSE 22	6704 HERRLIBERG	SWITZERLAND	
FLA ONLY DIRECTOR	DOMINIQUE PAUL MORAX	1400 AMERICAN LANE	SCHAUMBURG	IL	60173