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Mar 09, 1999 8:00 am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

03-09-1999 90142 001 \*\*\*150.00

DOCUMENT # 847579

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 60049

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/25/1980
4. FEI Number
36-3050975
5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution
8. This corporation owes the current year Intangible Personal Property Tax.

2. Principal Place of Business
2a. Mailing Address
21 Suite, Apt. #, etc.
22 City & State
23 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
81 Name
82 Street Address
83
84 City
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 reinstating) 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 REZABEK, DEBRA P
STREET ADDRESS ONE KEMPER DRIVE T-1
CITY-ST-ZIP LONG GROVE IL
TITLE V
NAME BLACKMON, FREDERICK L
STREET ADDRESS ONE KEMPER DRIVE T-1
CITY-ST-ZIP LONG GROVE IL
TITLE T
NAME DANIEL, ROBERT A
STREET ADDRESS ONE KEMPER DRIVE T-1
CITY-ST-ZIP LONG GROVE IL
TITLE V
NAME HOHMANN, JAMES E
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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: [Signature]

2-16-99 847-919-3587

CR2E034 (11/98)