

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90078 042 ***150.00

DOCUMENT # 847579

1. Entity Name
KEMPER INVESTORS LIFE INSURANCE COMPANY OF ILLIN

Principal Place of Business KEMPER DRIVE T-1 GROVE IL 60049	Mailing Address ONE KEMPER DRIVE T-1 LONG GROVE IL 60049-0001
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 36-3050975	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC SCOTT, JOHN B. ONE KEMPER DRIVE T-1 LONG GROVE IL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REZABEK, DEBRA P ONE KEMPER DRIVE T-1 LONG GROVE IL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLACKMON, FREDERICK L ONE KEMPER DRIVE T-1 LONG GROVE IL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, CLARE E ONE KEMPER DRIVE T-1 LONG GROVE IL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOHMANN, JAMES E ONE KEMPER DRIVE T-1 LONG GROVE IL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & CEO & DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GALE K CARUSO 1 KEMPER DR T-1 LONG GROVE IL 60049
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN OF THE BOARD & DIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JOHN B SCOTT 1 KEMPER DR T-1 LONG GROVE IL 60049
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONTROLLER AND TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DAVID S JORGENSEN 1 KEMPER DR T-1 LONG GROVE IL 60049
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR VP - FINANCIAL SBU <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JAMES E HOHMANN 1 KEMPER DR T-1 LONG GROVE IL 60049
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/99)