


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 847579
1. Entity Name
KEMPER INVESTORS LIFE INSURANCE COMPANY OF ILLINOIS



Principal Place of Business
**1400 AMERICAN LANE
SCHAUMBURG, IL 60196**

Mailing Address
**3003 77TH AVE SE
MERCER ISLAND, WA 98040**

DO NOT WRITE IN THIS SPACE



02222006 No Chg-P CR2E034 (11/05)

4. FEI Number
36-3050975

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CPD
NAME	DAVIS, DIANE C
STREET ADDRESS	3003 77TH AVE SE
CITY-ST-ZIP	MERCER ISLAND, WA 98040
TITLE	S
NAME	CLOSE, DOUGLAS
STREET ADDRESS	3003 77TH AVE SE
CITY-ST-ZIP	MERCER ISLAND, WA 98040
TITLE	TD
NAME	KINDSVOGEL, MATTHEW W
STREET ADDRESS	3003 77TH AVE SE
CITY-ST-ZIP	MERCER ISLAND, WA 98040
TITLE	V
NAME	DAVENPORT, THOMAS D
STREET ADDRESS	3003 77TH AVE SE
CITY-ST-ZIP	MERCER ISLAND, WA 98040
TITLE	D
NAME	BOWERS, DAVID A
STREET ADDRESS	3003 77TH AVE SE
CITY-ST-ZIP	MERCER ISLAND, WA 98040
TITLE	V
NAME	MATHES, RICHARD W
STREET ADDRESS	3003 77TH AVE SE
CITY-ST-ZIP	MERCER ISLAND, WA 98040

**DO NOT WRITE
IN THIS SPACE**

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02/28/06-80024-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Matthew W Kindsvogel - Exec VP, Treas, CFO 2/22/06 206-236-7123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #