

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90847 022 ***150.00

DOCUMENT # 847579

1. Entity Name
**KEMPER INVESTORS LIFE INSURANCE COMPANY OF ILLIN
OIS**



Principal Place of Business
**ONE KEMPER DRIVE T-1
LONG GROVE IL 60049**

Mailing Address
**ONE KEMPER DRIVE T-1
LONG GROVE IL 60049**



2. Principal Place of Business
1600 MCCONNOR PARKWAY

3. Mailing Address
same as # 2

CHECK HERE IF MAKING CHANGES

City & State
SCHAUMBURG IL

City & State
same as # 2

Zip
60196

Country
COOK

Zip
same as # 2

Country
same as # 2

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

**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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT JORGONSON, DAVE 1600 MCCONNOR PKWY SCHAUMBURG IL 60196	<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	SRV ROBBINS, ED 1600 MCCONNOR PKWY SCHAUMBURG IL 60196	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CARUSO, GALE K ONE KEMPER DRIVE T-1 LONG GROVE IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JORGENSEN, DAVID S. SCHAUMBURG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1600 MCCONNOR PARKWAY SCHAUMBURG IL 60196	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1600 MCCONNOR PARKWAY SCHAUMBURG IL 60196	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF ACTUARY DAVIS, MARK A. 1600 MCCONNOR PARKWAY SCHAUMBURG IL 60196	Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1600 MCCONNOR PARKWAY SCHAUMBURG IL 60196	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
DAVID S. JORGENSEN

Date **02-14-03 (84) 874-7429** Daytime Phone #

CR2E034 (10/02)