FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 2:58

DOCUMENT # **854209** **(4)**

1. Corporation Name
LIFE INSURANCE COMPANY OF ILLINOIS

Principal Place of Business	Mailing Address
3750 WEST DEERFIELD RD RIVERWOODS IL 60015	3750 WEST DEERFIELD RD RIVERWOODS IL 60015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/29/1982**
3a. Date of Last Report: **02/24/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **36-2542311** ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 30015

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 the date signed (NOT Registered Agent's signature required when resigning) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPE	11 TITLE	☐ Change ☐ Addition
NAME	AUSTIN, JOSEPH D.	12 NAME	
STREET ADDRESS	3750 W DEERFIELD RD	13 STREET ADDRESS	
CITY ST ZIP	RIVERWOODS IL	14 CITY ST ZIP	60015
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	MOORHEAD, STEVEN A.	22 NAME	
STREET ADDRESS	3750 W DEERFIELD RD	23 STREET ADDRESS	
CITY ST ZIP	RIVERWOODS IL	24 CITY ST ZIP	60015
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	SAN, JOSEPH B.	32 NAME	
STREET ADDRESS	3750 W DEERFIELD RD	33 STREET ADDRESS	
CITY ST ZIP	RIVERWOODS IL	34 CITY ST ZIP	60015
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DORMAN, ROLAND F.	42 NAME	
STREET ADDRESS	3750 W DEERFIELD RD	43 STREET ADDRESS	
CITY ST ZIP	RIVERWOODS IL	44 CITY ST ZIP	60015
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SEIDEL, GERHARD E.	52 NAME	
STREET ADDRESS	3750 W DEERFIELD RD	53 STREET ADDRESS	
CITY ST ZIP	RIVERWOODS IL	54 CITY ST ZIP	60015
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	WHISTON, JEROME P.	62 NAME	
STREET ADDRESS	3750 W DEERFIELD ROAD	63 STREET ADDRESS	
CITY ST ZIP	RIVERWOODS IL	64 CITY ST ZIP	60015

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: Joseph San 2/17/95 (708)520-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0385102 CP