

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **854209** (4)  
1. Corporation Name  
**LIFE INSURANCE COMPANY OF ILLINOIS**

Principal Place of Business <b>3750 WEST DEERFIELD RD RIVERWOODS IL 60015</b>	Mailing Address <b>3750 WEST DEERFIELD RD RIVERWOODS IL 60015-3541</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/29/1982</b>	3a. Date of Last Report <b>02/27/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>36-2542311</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 30015</b>		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		85 Zip Code	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO AUSTIN, JOSEPH D. 3750 W DEERFIELD RD RIVERWOODS IL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	Controller and Accounting Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Fred T. Barth 3750 West Deerfield Road Riverwoods, IL 60015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPD AUSTIN, WILLIAM S 3750 WEST DEERFIELD RD RIVERWOODS IL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John G. Weithers 3750 West Deerfield Road Riverwoods, IL 60015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SAN, JOSEPH B. 3750 W DEERFIELD RD RIVERWOODS IL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	DCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JOSEPH D. AUSTIN 3750 W. DEERFIELD ROAD RIVERWOODS, IL 60015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DORMAN, ROLAND F. 3750 W DEERFIELD RD RIVERWOODS IL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SEIDEL, GERHARD E. 3750 W DEERFIELD RD RIVERWOODS IL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPD AUSTIN, MICHAEL 3750 W DEERFIELD ROAD RIVERWOODS IL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE:  Fred T. Barth 04/21/97 (847) 520-1900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)