

F98000005015

KEMPER

1 Kemper Drive
Long Grove, IL 60049-0001
City/State/Zip Phone #

500002629265-1
-08/31/98--01142--005
*****70.00 *****70.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

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TALLAHASSEE, FLORIDA

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Examiner's Initials

9/4/98

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. Kemper Auto & Home Insurance Company
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Illinois 3. 36-4230008
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 3, 1998 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Kemper Auto & Home Insurance Company is currently applying to the Florida Department of
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.) Insurance for a Certificate of Authority.
7. 1 Kemper Drive
Long Grove, IL 60049-0001
(Current mailing address)
8. Kemper Auto & Home Insurance Company is authorized by Illinois to write all lines of property
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) and casualty insurance.

9. Name and street address of Florida registered agent:

Name: Insurance Commissioner
Office Address: Capitol
Tallahassee, Florida, 32399-0300
(Zip Code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Insurance Commissioner
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: William D. Smith

Address: 1 Kemper Drive
Long Grove, IL 60049-0001

Vice Chairman: N/A

Address: _____

Director: David B. Mathis

Address: 1 Kemper Drive
Long Grove, IL 60049-0001

Director: Walter L. White

Address: 1 Kemper Drive
Long Grove, IL 60049-0001

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: David J. Miller

Address: 1 Kemper Drive
Long Grove, IL 60049-0001

Vice President: Walter L. White

Address: 1 Kemper Drive
Long Grove, IL 60049-0001

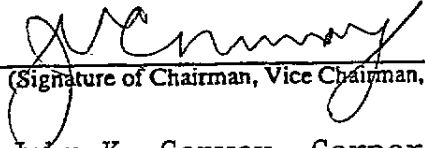
Secretary: John K. Conway

Address: 1 Kemper Drive
Long Grove, IL 60049-0001

Treasurer: David C. Elstrom

Address: 1 Kemper Drive
Long Grove, IL 60049-0001

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. John K. Conway, Corporate Secretary
(Typed or printed name and capacity of person signing application)

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
320 WEST WASHINGTON STREET
SPRINGFIELD, ILLINOIS 62767



I, the undersigned, Director of Insurance of the State of Illinois, hereby certify that the document to which this Certification is attached is a true and correct copy of the original now on file and forming a part of the records of the Department of Insurance.

In witness whereof, I hereto set my hand and cause to be affixed the Seal of my office in Springfield, Illinois.

Date: AUG 12 1998

G. Kutcher
Acting Director of Insurance

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FLORIDA

AMENDED CERTIFICATE OF AUTHORITY

STATE OF ILLINOIS

DEPARTMENT OF INSURANCE



Whereas, the Kemper Auto & Home Insurance Company

(Formerly Kemper Protection Insurance Company)

located at Long Grove, in the State of ILLINOIS
has complied with all the requirements of the "ILLINOIS INSURANCE CODE" applicable to
said Company:

NOW, THEREFORE, I, the undersigned, Director of Insurance of the State of Illinois, do
hereby authorize the said Company to transact its appropriate business as set forth under
Clause(s) _____

(a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k), (l) of Class 2

(a), (b), (c), (d), (e), (f), (g), (h), (i) of Class 3

of Section 4 of the "ILLINOIS INSURANCE CODE" in this State, in accordance with the
laws thereof. To be effective July 22, 1998 after thereof.

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TALLAHASSEE, FLORIDA



In Testimony Whereof,

I hereto set my hand and cause to be affixed the Seal of my office.

Done at the City of Springfield, this 10
day of August, 19 98

Arnold Dutcher
Arnold Dutcher, Acting Director of Insurance