2001 UNIFORM BUSINESS REPORT (UBR)

0567139

DOCUMENT # F98000005015

FILED

01 MAR 12 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

KEMPER AUTO & HOME INSURANCE COMPANY

Principal Place of Business	Mailing Address
ONE KEMPER DRIVE LEGAL C-3 LONG GROVE IL 60049 US	ONE KEMPER DRIVE LEGAL C-3 LONG GROVE IL 60049 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 36-4230008 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL	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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C SMITH, WILLIAM D 1 KEMPER DRIVE LONG GROVE IL 60049-0001	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATHIS, DAVID B 1 KEMPER DRIVE LONG GROVE IL 60049-0001	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOSEPHSON, MURAL R ONE KEMPER DRIVE LONG GROVE IL 60049	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MILLER, DAVID J 1 KEMPER DRIVE LONG GROVE IL 60049-0001	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Andrews, Steven C. One Kemper Drive Long Grove, IL 60049 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CONWAY, JOHN K 1 KEMPER DRIVE LONG GROVE IL 60049-0001	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500003831575--5
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FINELLI, MICHAEL JR ONE KEMPER DRIVE LONG GROVE IL 60049-0001	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J C Conway John K. Conway 3/6/01 (847) 320-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 072768 4728366

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 150

ORDER DATE : March 9, 2001

ORDER TIME : 2:19 PM

ORDER NO. : 072768-040

CUSTOMER NO: 4728366

CUSTOMER: Ms. Susan Wilson-4728366
Kemper
Legal Dept C-3
1 Kemper Drive
Long Grove, IL 60049

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 MAR 12 PM 3:32
NOT INTENDED TO ACKNOWLEDGE SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: KEMPER AUTO & HOME INSURANCE COMPANY

XX ___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carrie Vaught ~~Carol K. Dolor~~ Ext.

EXAMINER'S INITIALS: _____