2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 OCT 20 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100023620131
10/20/03--01009--001 **688.75

DOCUMENT # F98000005015

1. Entity Name
KEMPER AUTO & HOME INSURANCE COMPANY

REINSTATEMENT ☒ CHECK HERE IF MAKING CHANGES 03

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

2. Principal Place of Business	3. Mailing Address
One East Wacker Drive	2790 Business Park Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Chicago, IL	City & State: Vista, CA
Zip: 60601 Country:	Zip: 92083 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

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

100023620131
10/07/03--01057--008 **61.25

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
Amended UBR is $61.25
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	C SMITH, WILLIAM D 1 KEMPER DRIVE LONG GROVE, IL 600490001	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO Carter, Scott NMI 2790 Business Park Dr. Vista, CA 92083	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATHIS, DAVID B 1 KEMPER DRIVE LONG GROVE, IL 600490001	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Dann, Terese Lynn 2790 Business Park Dr. Vista, CA 92083	☐ 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	VP Crumbaker, Brian Robert 2790 Business Park Dr. Vista, CA 92083	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ANDREWS, STEVEN C 1 KEMPER DRIVE LONG GROVE, IL 600490001	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Robbins, Laura Elizabeth 2790 Business Park Dr. Vista, CA 92083	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CONWAY, JOHN K 1 KEMPER DRIVE LONG GROVE, IL 600490001	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Draut, Eric John One East Wacker Dr. Chicago, IL 60601	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FINELLI, MICHAEL JR ONE KEMPER DRIVE LONG GROVE, IL 600490001	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Southwell, Donald Gene One East Wacker Dr. Chicago, IL 60601	☐ Change ☒ Addition

CR2E034 (10/02)

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: Terese L Dann TERESE L DANN 9/25/03 760-599-4705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #