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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 29 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **805038**

1. Corporation Name
AMERICAN MOTORISTS INSURANCE COMPANY

Principal Place of Business	Mailing Address
1 KEMPER DR. LONG GROVE ILLINOIS 60049-0001 US	1 KEMPER DR. LONG GROVE ILLINOIS 60049-0001 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/11/1939

4. F.E.I. Number
36-0727430
[ ] 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 owns tangible Personal Property Tax [ ] Yes [ ] No

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

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name: CORPORATION SERVICE COMPANY
82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
83
84 City: TALLAHASSEE FL 85 Zip Code: 32301

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: Maureen Cullen MAUREEN CULLEN, ASST. VICE-PRES 4/28/99
Signature, Type or Printed Name of Registered Agent and, if Applicable, the Registered Agent's Title Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DO	[ ] DELETE	11 TITLE [ ] Change [ ] Add
NAME	MATHIS, DB		12 NAME
STREET ADDRESS	529 BRIAR LANE		13 STREET ADDRESS
CITY-ST-ZIP	LAKE FOREST IL		14 CITY-ST-ZIP
TITLE	CS	[ ] DELETE	21 TITLE [ ] Change [ ] Add
NAME	CONWAY, JK		22 NAME 400003857114--5
STREET ADDRESS	6211 NORTH KNOX		23 STREET ADDRESS
CITY-ST-ZIP	CHICAGO FL		24 CITY-ST-ZIP
TITLE	VPD	[ ] DELETE	31 TITLE [ ] Change [ ] Add
NAME	WHITE, W.L.		32 NAME
STREET ADDRESS	3203 REMINGTON DRIVE		33 STREET ADDRESS
CITY-ST-ZIP	CRYSTAL LAKE IL		34 CITY-ST-ZIP
TITLE	T	[X] DELETE	41 TITLE T [ ] Change [X] Add
NAME	ELSTROM, D.C.		42 NAME Michael Finelli, Jr.
STREET ADDRESS	1125 DRESDEN DR		43 STREET ADDRESS One Kemper Drive
CITY-ST-ZIP	HOFFMAN ESTATES IL		44 CITY-ST-ZIP Long Grove, IL 60049-0001
TITLE	PCO	[ ] DELETE	51 TITLE [ ] Change [ ] Add
NAME	SMITH, WILLIAM D		52 NAME
STREET ADDRESS	438 TOWN PLACE CIR		53 STREET ADDRESS
CITY-ST-ZIP	BUFFALO GROVE IL		54 CITY-ST-ZIP
TITLE		[ ] DELETE	61 TITLE [ ] Change [ ] Add
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 CITY-ST-ZIP

CR2E034 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: J. Conway John Conway 4/21/99 847-320-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Area Code & Daytime Phone Number