

2000 UNIFORM BUSINESS REPORT (UBR)

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0002335

DOCUMENT # P26864

1. Entity Name

KEMPER EMPLOYERS INSURANCE COMPANY

FILED

00 MAR 28 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

518 STUYVESANT AVE
LYNDHURST NJ 07071
US

518 STUYVESANT AVE
LYNDHURST NJ 07071-2628
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

43-1436329

Applied For

Not Applicable

Zip

Country

Zip

Country

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

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

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

300003187303--4

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, 2000 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 C ☒ Delete
NAME NICOSIA, ROBERT A.
STREET ADDRESS 518 STUYVESANT AVENUE
CITY-ST-ZIP LYNDHURST NJ

TITLE President ☒ Change ☐ Addition
NAME James G. Pasqualetto
STREET ADDRESS
CITY-ST-ZIP

TITLE VS ☒ Delete
NAME NICOSIA, MARGARET A.
STREET ADDRESS 518 STUYVESANT AVENUE
CITY-ST-ZIP LYNDHURST NJ

TITLE Vice President ☒ Change ☐ Addition
NAME Robert Hames
STREET ADDRESS One Kemper Drive
CITY-ST-ZIP Long Grove, IL 60049

TITLE P ☒ Delete
NAME ADAMS, RICHARD G
STREET ADDRESS 518 STUYVESANT AVENUE
CITY-ST-ZIP LYNDHURST NJ

TITLE Secretary ☒ Change ☐ Addition
NAME John K. Conway
STREET ADDRESS One Kemper Drive
CITY-ST-ZIP Long Grove, IL 60049

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Treasurer ☐ Change ☒ Addition
NAME Michael A. Finelli, Jr.
STREET ADDRESS One Kemper Drive
CITY-ST-ZIP Long Grove, IL 60049

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
NAME Mural R. Josephson
STREET ADDRESS One Kemper Drive
CITY-ST-ZIP Long Grove, IL 60049

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
NAME David B. Mathis
STREET ADDRESS One Kemper Drive
CITY-ST-ZIP Long Grove, IL 60049

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:

John K. Conway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John K. Conway

3-17-00

Date

847-320-200

Daytime Phone #

CR2E034 (9/99)



ACCOUNT NO. : 072100000032

REFERENCE : 638465 4728366

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 150.00

ORDER DATE : March 24, 2000

ORDER TIME : 11:07 AM

ORDER NO. : 638465-020

CUSTOMER NO: 4728366

CUSTOMER: Mr. Joseph Funk
Kemper
Legal Dept C-3
1 Kemper Drive
Long Grove, IL 600490000

ANNUAL REPORT FILING

NAME: KEMPER EMPLOYERS 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:

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
ERIK S. ROSS

EXAMINER'S INITIALS:

ST 1

RECEIVED
00 MAR 28 PM 2:22