

# 2002 UNIFORM BUSINESS REPORT (UBR)

0608613 AT

DOCUMENT # 805038

1. Entity Name

AMERICAN MOTORISTS INSURANCE COMPANY

Principal Place of Business

ONE KEMPER DRIVE  
LEGAL C-3  
LONG GROVE IL 60049  
US

Mailing Address

ONE KEMPER DRIVE  
LEGAL C-3  
LONG GROVE IL 60049  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

02 APR 12 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

36-0727430

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

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's 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, 2002 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

TITLE DO  
NAME MATHIS, DB  
STREET ADDRESS 529 BRIAR LANE  
CITY-ST-ZIP LAKE FOREST IL ☐ Delete

TITLE CS  
NAME CONWAY, JK  
STREET ADDRESS 6211 NORTH KNOX  
CITY-ST-ZIP CHICAGO FL ☐ Delete

TITLE PCO  
NAME SMITH, WILLIAM D  
STREET ADDRESS 438 TOWN PLACE CIR  
CITY-ST-ZIP BUFFALO GROVE IL ☐ Delete

TITLE T  
NAME FINELLI, MICHAEL JR  
STREET ADDRESS ONE KEMPER DRIVE  
CITY-ST-ZIP LONG GROVE IL 60049-0001 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME MATHIS, DAVID B  
STREET ADDRESS 528 BRIAR LANE  
CITY-ST-ZIP LAKE FOREST, IL 60045 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 200005257392--8  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CCEO  
NAME SMITH, WILLIAM D  
STREET ADDRESS 438 TOWN PLACE CIRCLE  
CITY-ST-ZIP BUFFALO GROVE, IL 60089 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P  
NAME HAMMOND, DALE S  
STREET ADDRESS ONE KEMPER DRIVE  
CITY-ST-ZIP LONG GROVE, IL 60049 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

John K. Conway 4/8/02

(847) 320-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)



222

ACCOUNT NO. : 072100000032

REFERENCE : 521414 4728366

AUTHORIZATION :

*Patricia Pizant*

COST LIMIT : \$ 150.00

ORDER DATE : April 10, 2002

ORDER TIME : 11:30 AM

ORDER NO. : 521414-015

CUSTOMER NO: 4728366

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

RECEIVED  
02 APR 12 PM 12:08  
DEPARTMENT OF STATE  
DIVISION OF CONSULAR AFFAIRS  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: AMERICAN MOTORISTS 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: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: \_\_\_\_\_