

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805038

FILED
Apr 06, 2009
Secretary of State

Entity Name: AMERICAN MOTORISTS INSURANCE COMPANY

Current Principal Place of Business:

ONE KEMPER DRIVE
LEGAL 125W-0670
LONG GROVE, IL 60049 US

New Principal Place of Business:

ONE KEMPER DRIVE
LONG GROVE, IL 60049 US

Current Mailing Address:

ONE KEMPER DRIVE
LEGAL 125W-0670
LONG GROVE, IL 60049 US

New Mailing Address:

ONE KEMPER DRIVE
LEGAL 12NWC-0102
LONG GROVE, IL 60049 US

FEI Number: 36-0727430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: ANDREWS, DOUGLAS G
Address: 1 KEMPER DRIVE
City-St-Zip: LONG GROVE, IL 60049

Title: S () Delete
Name: CONWAY, JOHN K
Address: ONE KIMPER DRIVE
City-St-Zip: LONG GROVE, IL 600490001

Title: CD () Delete
Name: MATHIS, DAVID B
Address: ONE KIMPER DRIVE
City-St-Zip: LONG GROVE, IL 60049

Title: SVPA () Delete
Name: OTTO, FREDERICK K
Address: 1 KEMPER DRIVE
City-St-Zip: LONG GROVE, IL 60049 US

Title: SVP () Delete
Name: SCHWARTZ, B. DAVID L
Address: 1 KEMPER DRIVE
City-St-Zip: LONG GROVE, IL 60049

Title: V () Delete
Name: VLAHOS, NICK V
Address: 1 KEMPER DRIVE
City-St-Zip: LONG GROVE, IL 60049

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CONWAY, JOHN K
Address: ONE KEMPER DRIVE
City-St-Zip: LONG GROVE, IL 600490001

Title: CD (X) Change () Addition
Name: MATHIS, DAVID B
Address: ONE KEMPER DRIVE
City-St-Zip: LONG GROVE, IL 60049

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN K. CONWAY

S

04/06/2009

Electronic Signature of Signing Officer or Director

Date