

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrland
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAR -1 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 691185 (3)
1. Corporation Name
KEMPER CORPORATION

Principal Place of Business
**300 BEACH DR NE
ST. PETERSBURG FL 33701
US**

Mailing Address
**300 BEACH DR NE
ST. PETERSBURG FL 33701
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/19/1981	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2156686	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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent

**LEGER, CRAIG
300 BEACH DR NE
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	☐ Change ☐ Addition
NAME	MCCONNAN, LINDA	1.2 NAME	
STREET ADDRESS	8223-93A AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	EDMONTON, ALBERTA, CA	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	LEGER, CRAIG	2.2 NAME	
STREET ADDRESS	133 BRECKENWOODS	2.3 STREET ADDRESS	
CITY-ST-ZIP	SHERWOOD PARK AL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	LEGER, LANCE	3.2 NAME	
STREET ADDRESS	109 BRECKENWOODS	3.3 STREET ADDRESS	
CITY-ST-ZIP	SHERWOOD PARK AL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	LEGER, IDA	4.2 NAME	
STREET ADDRESS	8787 STRATHEARN CRES.	4.3 STREET ADDRESS	
CITY-ST-ZIP	EDMONTON, ALBERTA, CAN.	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	LEJEUNESSE, TOM	5.2 NAME	Lajeunesse, Tom
STREET ADDRESS	300 BEACH DR NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

Tom Lajeunesse, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

2/19/95

813-898-6325