

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1092

0650625  
AT

DOCUMENT # 802120

1. Entity Name  
LUMBERMENS MUTUAL CASUALTY COMPANY



FILED

03 MAY -2 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

03

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 36-1410470

Applied For  
Not Applicable

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 32304

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

600017305956

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GCCS  
CONWAY, J K  
6211 NORTH KNOX  
CHICAGO IL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PC00  
SMITH, WILLIAM D  
438 TOWN PLACE DRIVE  
BUFFALO GROVE IL ☒ Delete

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFO  
Hickey, William A.  
One Kemper Drive  
Long Grove, IL 60049 ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Treasurer  
Smith, Clare, B.  
One Kemper Drive  
Long Grove, IL 60049 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Long Grove, IL 60049

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
John K. Conway/Secretary

4.24.03

847/320-2955

Date

Daytime Phone #

CR2E034 (10/02)

20fz



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 075311 4728366

AUTHORIZATION :

*Patricia Pizoto*

COST LIMIT : \$ 150.00

ORDER DATE : April 30, 2003

ORDER TIME : 10:40 AM

ORDER NO. : 075311-035

CUSTOMER NO: 4728366

CUSTOMER: Mary Jo Buttstadt, Legal Asst  
Kemper  
Legal Dept C-3  
1 Kemper Drive  
Long Grove, IL 60049

ANNUAL REPORT FILING

RECEIVED  
03 MAY -2 AM 11:44  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

NAME: LUMBERMENS MUTUAL CASUALTY  
COMPANY

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - Ext. 1149

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