2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

LONG GROVE IL 60049 UNIC GROVE IL 60049 US US US US US A Principal Pison of Business S. Nating Agin and State City & State S. Name and Address of Current Registered Agent Name S. Name and Address of Current Registered Agent Name INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FI. 32304 City FL Zip Code City The above named entity submiss this statement for the purpose of changing its registered of pice or registered agent. SCHATURE FILE NOW!!! FEE IS STISO.00 After May 1, 2003 Fee will be 5550.00 After May 1, 2003 Fee will be 555	DOCUMENT # 802120 1. Entity Name LUMBERMENS MUTUAL CASUALTY COMPANY								FILED 03 HAY -2 PM 2: 54	
Suite, Apt. 4, etc. Suite, Apt. 6, etc. Suite, Ap	ONE KEMPER DRIVE LEGAL C-3 LONG GROVE IL 60049			ONE KEMPER DRIVE LEGAL C-3 LONG GROVE IL 60049					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
City & State Ci									-	
Second Country Zip Country Zip Country S. Certificate of Status Desired S8.75 Additional Pea Propulated Pea Propulated S8.75 Additional Pea Propulated P	Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32304 City FL Topode Street Address (PO. Box Number's Not Acceptable) City FL Topode City Topode Conway, John K. Conwa	City & State			City & State					4. FEI Number 36-1410470 Applied For Not Applicable	
INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32304 City City FL Zip Code City City City FL Zip Code City City FL Zip Code City City City City FL Zip Code City City City City City City City City City Code Code Conway	Zip Country			Zip	Zip Countr					
INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32304 City FL Zip Code 6. 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, hose or printer name of limplasmed agent and title if applicable 0HOTE Requiremed Agent agrouper misused whem related to DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Add to Fees FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Add to Fees Add dot to Fees FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Add to Fees Add dot to Fees FILE NOW!!! FEE IS \$150.00 Add to Fees Add dot fees FILE NOW!!! FEE IS \$150.00 Add to Fees Add dot fees FILE NOW!!! FEE IS \$150.00 Add fees Add dot fees FILE NOW!!! FEE IS \$150.00 Add fees Add fees FILE NOW!!! FEE IS \$150.00 Add fees Add fees FILE NOW!!! FEE IS \$150.00 Add fees FILE NOW!!! FEE IS \$150.00 Add fees FILE NOW!! FEE IS \$150.00 FILE NOW!! FEE IS \$150.00 Add fees FILE NOW!! FEE IS \$150.00 FILE NOW!! F		6. Name	and Address of Current	Registered	Agent				7. Name and Address of New Registered Agent	
THE CAPITOL TALLAHASSEE FL 32304 City FL City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, fraction of printer name of registered agent and life if applicable. (NOTE Registered Agent Repositor requirement on measuring) After May 1, 2003 Fee will be \$550.00 May Be Add to Fee State Add to Fee State Agent Repositor requirement on measuring in managing Financing \$5,00 May Be Add to Fee State Agent Repositor requirement on measuring in measuring in the company of th							Name			
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B. 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. Spreadure. Spread or prised name of registered agent and side 4 applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS III.E GCCS CONWAY, J K SIREET ADDRESS CONWAY, J K SIREET ADDRESS CONWAY, J K SIREET ADDRESS CONY, ST-2P CHICAGO IL TITLE PC00 SMITH, WILLIAM D SIREET ADDRESS SIREE ADDRESS CONY-ST-2P MAME SIREET ADDRESS CONY-ST-2P LAKE FOREST FL TITLE MAME SIREET ADDRESS CONY-ST-2P LAKE FOREST FL TITLE MAME SIREET ADDRESS CONY-ST-2P TITLE MAME SIREET ADDRESS CONY-ST-2P CONY-ST-2P TITLE MAME SIREET ADDRESS CONY-ST-2P Director TITLE MAME MAME SIREET ADDRESS CONY-ST-2P Director TITLE MATCH ADDRESS CONY-ST-2P Director TITLE MATCH ADDRESS CONY-ST-2P Director TITLE MACH SIRET ADDRESS CONY-ST-2P DIRECTOR ST-2P DIRECTOR ST-2D TO						,				
SIGNATURE Signature Signa							City		FL Zip Code	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITITE OCCS CONWAY, J K 6211 NORTH KNOX CITY-ST-ZIP CITIE POO SMITH, WILLIAM D STREET ADDRESS CITY-ST-ZIP BUFFALO GROVE IL ONE GEO STREET ADDRESS CITY-ST-ZIP NAME ONE KEMPER DRIVE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME ONE KEMPER DRIVE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME	the obligat			r the purpos	se of changing its	registere	ed office or i	registere	-	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE GCCS CONWAY, J K SIMERI ADDRESS CITY-S1-2IP MAME SIMERI ADDRESS CITY-S1-2IP MAME SIMERI ADDRESS CITY-S1-2IP MAME SIMERI ADDRESS CITY-S1-2IP MAME SIMERI ADDRESS CITY-S1-2IP MAME SIMERI ADDRESS CITY-S1-2IP SIMERI ADDRESS CITY-S1-2IP MAME SIRERI ADDRESS CITY-S1-2IP MAME MAME MAME MAME MAME MAME MAME MA	SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applic	able. (NOTE:	Registere	d Agent signatur	e required	d when reinstating) DATE	
TITLE GCCS CONWAY, J K SIRRET ADDRESS CONWAY, J C SIRRET ADDRESS CONWAY, JC	After Make Check	May 1, 200	3 Fee will be \$550.00 Florida Department of						Trust Fund Contribution. Added to Fees	
NAME SITRET ADDRESS CITY-ST-ZIP CHICAGO IL CHAnge Addition NAME SIRET ADDRESS CITY-ST-ZIP CHANGE Addition NAME NAME SIRET ADDRESS CITY-ST-ZIP CHANGE Addition NAME NAME NAME NAME NAME NAME NAME NAM	10.		OFFICERS AND	DIRECTOR		11.				
NAME SIRET ADDRESS CITY-ST-ZIP BUFFALO GROVE IL CBEO MATHIS, DB STREET ADDRESS CITY-ST-ZIP LAKE FOREST FL TITLE NAME STREET ADDRESS CITY-ST-ZIP LONG GROVE IL CONE Kemper Drive CTY-ST-ZIP CONE Kemper Drive CTY-ST-ZIP C	NAME STREET ADDRESS	CONWAY, 6211 NOR CHICAGO	TH KNOX			NAMI Stre	ET ADDRESS	Cor On e	nway, John K. e Kemper Drive	
TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP Delete Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP Director TITLE NAME NAME NAME NAME One Kemper Drive STREET ADDRESS CITY-ST-ZIP Director TITLE NAME One Kemper Drive Change Addition Addition One Kemper Drive Change Addition One Kemper Drive NAME One Kemper Drive Change Addition One Kemper Drive	NAME STREET ADDRESS	SMITH, WI 438 TOWN	PLACE DRIVE		Delete	NAMI Stre	ET ADDRESS	Cha Mai	airman/President this, David B.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP UNG GROVE IL 60049-0001 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP Director TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADDRESS	mathis, d 529 Briar	LANE		☐ Delete	nami Stre	E ET ADDRESS	Lor CF(ng Grove, IL 60049 Change Addition	
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NAME One Kemper Drive	name Street address				□ Delete	NAME STRE	ET ADDRESS	One Lor	e Kemper Drive ng Grove, IL 60049	
STREET ADDRESS CITY-ST-ZIP 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 shell have the same legal effect as if made under path; that I am an officer or director.	NAME STREET ADDRESS CITY-ST-ZIP	ertify that the	t information supplied with	this filing d		NAME STREE CITY-	ET ADDRESS ST-ZIP	One Lor	e Kemper Drive ng Grove, IL 60049	

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;

4.24.03

847/320-2955

Daytime Phone #



e #



ACCOUNT NO. : 072100000032
REFERENCE : 075311 4728366
AUTHORIZATION: Tatricia typuto
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 ANNUAL REPORT FILING
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: