FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 805038 (7)

1. Corporation Name

AMERICAN MOTORISTS INSURANCE COMPANY

Principal Place of Business	Mailing Address
1 KEMPER DR. LONG GROVE ILLINOIS 60049-0001 US	1 KEMPER DR. LONG GROVE ILLINOIS 60049-0001 US

2. Principal Place of Business — 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address — 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

3. Date Incorporated or Qualified: **04/11/1939**

3a. Date of Last Report: **04/24/1995**

4. FEI Number: **36-0727430** ☐ 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

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

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

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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	☒ DELETE
NAME	KENYON, A K	
STREET ADDRESS	1 KEMPER DRIVE	
CITY-ST-ZIP	LONG GROVE IL	
TITLE	S	☒ DELETE
NAME	ZARADA, NANCY	
STREET ADDRESS	565 REGENCY DR	
CITY-ST-ZIP	LAKE ZURICH IL	
TITLE	EVD	☐ DELETE
NAME	WHITE, W.L.	
STREET ADDRESS	144 LINCOLN PRKY	
CITY-ST-ZIP	CRYSTAL LAKE IL	
TITLE	T	☐ DELETE
NAME	STACY, R.B.	
STREET ADDRESS	15149 W. CLOVER LANE	
CITY-ST-ZIP	LIBERTYVILLE IL	
TITLE	VP	☐ DELETE
NAME	FRITZ, BRUCE N.	
STREET ADDRESS	7719 OAKRIDGE CT.	
CITY-ST-ZIP	CRYSTAL LAKE IL	
TITLE	CD	☒ DELETE
NAME	KEMPER, JAMES S. I	
STREET ADDRESS	471 EAST OXFORD	
CITY-ST-ZIP	BARRINGTON IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CPCEO	☐ Change ☒ Addition
1.2 NAME	MATHIS,D.B.	
1.3 STREET ADDRESS	529 BRIAR LANE	
1.4 CITY-ST-ZIP	LAKE FOREST, IL 60045	
2.1 TITLE	S & GEN COUNSEL	☐ Change ☒ Addition
2.2 NAME	CONWAY, J.K.	
2.3 STREET ADDRESS	6211 NORTH KNOX	
2.4 CITY-ST-ZIP	CHICAGO, IL 60646	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	EVP	☒ Change ☐ Addition
6.2 NAME	KEMPER,J.S.III	
6.3 STREET ADDRESS	471 EAST OXFORD	
6.4 CITY-ST-ZIP	BARRINGTON, IL 60010	

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 119.07(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: R.B. Stacy R.B. STACY, TREAS. 7-10-96 (847) 320-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

805038

Amended 5/29/96

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AMERICAN MOTORISTS INSURANCE COMPANY

Long Grove, Illinois
Incorporated 1/29/26

DIRECTORS

John T. Chain, Jr.
J. Reed Coleman
Peter B. Hamilton
Roberta S. Karmel
George D. Kennedy
Dalton L. Knauss
George R. Lewis
Katharine C. Lyall
Gerald L. Maatman
David B. Mathis
Shirley N. Pettis
Kenneth A. Randall
Richard N. Rosett
Daniel R. Toll
Walter L. White

OFFICERS
(Elected)

Chairman of the Board, President and Chief Executive Officer
D. B. MATHIS

Executive Vice President and Chief Financial Officer
W. L. WHITE

Executive Vice Presidents
J. S. KEMPER III
E. M. LINDNER
P. M. MOONEY

Senior Vice Presidents
A. J. BALTZ*
C. D. SULLIVAN

Vice President-Actuary
R. E. GRECO

Vice Presidents
I. O. ACE
S. BULLEN
K. A. CALLAHAN
A. E. CATANIA
R. J. CONSOLLA
R. L. DAVIS
M. F. DINEEN
R. T. ECKLUND*
B. N. FRITZ
R. A. GWINN
D. J. HERDMANN
M. R. HOY
J. L. KONDRATOWICZ
L. V. LAPAGLIA JR.
R. A. LINDEMANN
F. C. McCULLOUGH
M. D. O'BRIEN
R. M. PRIEST
S. D. ROBINSON
B. E. SCAMMELL
R. L. SMIALEK
R. W. TARJAN
R. W. VanKLEUNEN
J. N. ZUNIGA*

General Counsel and Corporate Secretary
J. K. CONWAY

Director of Taxes & Secretary
R. P. HAMES

Treasurer
R. B. STACY

Controller
H. L. KNIGHT

General Auditor
C. A. STODDARD