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FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
1 KEMPER DR.
LONG GROVE ILLINOIS 60049-0001
US

Mailing Address
1 KEMPER DR.
LONG GROVE ILLINOIS 60047-9108
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/11/1939

3a. Date of Last Report
07/16/1996

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

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304

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 of officer, director, or registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPC
NAME MATHIS, DB
STREET ADDRESS 529 BRIAR LANE
CITY-ST-ZIP LAKE FOREST IL

1.1 TITLE CHAIRMAN OF THE BOARD &
1.2 NAME CHIEF EXECUTIVE OFFICER
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SC
NAME CONWAY, JK
STREET ADDRESS 6211 NORTH KNOX
CITY-ST-ZIP CHICAGO FL

2.1 TITLE GENERAL COUNSEL &
2.2 NAME CORPORATE SECRETARY
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE EVD
NAME WHITE, W.L.
STREET ADDRESS 144 LINCOLN PRKY
CITY-ST-ZIP CRYSTAL LAKE IL

3.1 TITLE EXECUTIVE VICE PRESIDENT &
3.2 NAME CHIEF FINANCIAL OFFICER
3.3 STREET ADDRESS 3203 ARMINSTON DRIVE
3.4 CITY-ST-ZIP CAYSTON LAKE, IL 60014

TITLE T
NAME STACY, R.B.
STREET ADDRESS 15149 W. CLOVER LANE
CITY-ST-ZIP LIBERTYVILLE IL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VP
NAME FRITZ, BRUCE N.
STREET ADDRESS 7719 OAKRIDGE CT.
CITY-ST-ZIP CRYSTAL LAKE IL

5.1 TITLE PRESIDENT & CHIEF OPERATING
5.2 NAME OFFICER
5.3 STREET ADDRESS WILLIAM D. SMITH
5.4 CITY-ST-ZIP 744 ALBANY
BUFFALO GROVE, IL 60089

TITLE DVP
NAME KEMPER, JS I
STREET ADDRESS 471 EAST OXFORD
CITY-ST-ZIP BARRINGTON IL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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

4/9/97

Date

(847) 320-2000

Daytime Phone #

CR2E034 (9/96)