

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 805038

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 60049-0001
US

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304

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

Maureen Cullen

MAUREEN CULLEN, ASST. VICE-PRES 4/28/99

12. OFFICERS AND DIRECTORS

TITLE

DO
MATHIS, DB

NAME

529 BRIAR LANE

STREET ADDRESS

LAKE FOREST IL

CITY-ST-ZIP

TITLE

CS
CONWAY, JK

NAME

6211 NORTH KNOX

STREET ADDRESS

CHICAGO FL

CITY-ST-ZIP

TITLE

VPD
WHITE, W.L.

NAME

3203 REMINGTON DRIVE

STREET ADDRESS

CRYSTAL LAKE IL

CITY-ST-ZIP

TITLE

T
ELSTROM, D.C.

NAME

1125 DRESDEN DR

STREET ADDRESS

HOFFMAN ESTATES IL

CITY-ST-ZIP

TITLE

PCO
SMITH, WILLIAM D

NAME

438 TOWN PLACE CIR

STREET ADDRESS

BUFFALO GROVE IL

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered.

SIGNATURE:

John Conway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Conway

4/21/99

847-320-2000

FILED

APR 29 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1939

4. FEI Number

36-0727430

Applied For
Not Applicable

5. Corporate of States Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax

[] Yes [] No

10. Name and Address of New Registered Agent

81 Name

CORPORATION SERVICE COMPANY

82 Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

83

84 City

TALLAHASSEE

FL

85 Zip Code

32301

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

101

102

103

104

105

106

107

108

109

110

111

112

113

114

115

116

117

118

119

120

121

122

123

124

125

126

127

128

129

130

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY-ST-ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY-ST-ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY-ST-ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY-ST-ZIP

39 TITLE

40 NAME

41 STREET ADDRESS

42 CITY-ST-ZIP

43 TITLE

44 NAME

45 STREET ADDRESS

46 CITY-ST-ZIP

47

T
Michael Finelli, Jr.
One Kemper Drive
Long Grove, IL 60049-0001

CR2E034 (11/98)