

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 805038

1. Entity 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

FILED

00 FEB 19 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

One Kemper Drive

3. Mailing Address

One Kemper Drive

Suite, Apt. #, etc.

Legal C-3

Suite, Apt. #, etc.

Legal C-3

City & State

Long Grove, IL

City & State

Long Grove, IL

4. FEI Number

36-0727430

Applied For

Not Applicable

60049

U.S.

60049

U.S.

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME WHITE, W.L.
STREET ADDRESS 3203 REMINGTON DRIVE
CITY-ST-ZIP CRYSTAL LAKE IL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PCO ☐ Delete
NAME SMITH, WILLIAM D
STREET ADDRESS 438 TOWN PLACE CIR
CITY-ST-ZIP BUFFALO GROVE IL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John K. Conway

Date

847-320-2000

Daytime Phone #

CR2E034 (9/99)



ACCOUNT NO. : 072100000032

REFERENCE : 586938 4728366

AUTHORIZATION :

Patricia Pizuto

COST LIMIT : \$150.00

ORDER DATE : February 14, 2000

ORDER TIME : 4:17 PM

ORDER NO. : 586938-065

CUSTOMER NO: 4728366

CUSTOMER: Mr. Joseph Funk
Kemper
Legal Dept C-3
1 Kemper Drive
Long Grove, IL 600490000

ANNUAL REPORT FILING

NAME: AMERICAN MOTORISTS INSURANCE
COMPANY

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ERIKA CARLSON

EXAMINER'S INITIALS: _____

ITS

RECEIVED
00 FEB 16 PM 4:42
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA