## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 805038** 

FILED Apr 07, 2010 Secretary of State

Entity Name: AMERICAN MOTORISTS INSURANCE COMPANY

Current Principal Place of Business: New Principal Place of Business:

ONE KEMPER DRIVE

LONG GROVE, IL 60049 US

Current Mailing Address: New Mailing Address:

ONE KEMPER DRIVE LEGAL 12NWC-0102

LONG GROVE, IL 60049 US

FEI Number: 36-0727430 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399 US

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.

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SIGNATURE: Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PCEO

Name: ANDREWS, DOUGLAS G Address: 1 KEMPER DRIVE City-St-Zip: LONG GROVE, IL 60049

Title: S

 Name:
 CONWAY, JOHN K

 Address:
 ONE KEMPER DRIVE

 City-St-Zip:
 LONG GROVE, IL 600490001

Title: CD

Name: MATHIS, DAVID B
Address: ONE KEMPER DRIVE
City-St-Zip: LONG GROVE, IL 60049

Title: CFO

Name: GRIFFITH, FREDRICK T Address: 1 KEMPER DRIVE City-St-Zip: LONG GROVE, IL 60049 US

Title: SVP

Name: SCHWARTZ, B. DAVID L Address: 1 KEMPER DRIVE City-St-Zip: LONG GROVE, IL 60049

Title: \

 Name:
 VLAHOS, NICK V

 Address:
 1 KEMPER DRIVE

 City-St-Zip:
 LONG GROVE, IL 60049

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN K. CONWAY S 04/07/2010