

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10f2

0650608 AT

DOCUMENT# 805038
1. Entity Name
AMERICAN MOTORISTS INSURANCE COMPANY



FILED

03 MAY -2 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

03

Principal Place of Business
ONE KEMPER DRIVE
LEGAL C-3
LONG GROVE IL 60049
US

Mailing Address
ONE KEMPER DRIVE
LEGAL C-3
LONG GROVE IL 60049
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 36-0727430
Applied For
Not Applicable

Zip Country

Zip Country

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. I am familiar with, and accept the obligations of registered agent.

500017905365

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MATHIS, DAVID B	
STREET ADDRESS	528 BRIAR LANE	
CITY-ST-ZIP	LAKE FOREST IL 60045	
TITLE	CS	<input type="checkbox"/> Delete
NAME	CONWAY, JK	
STREET ADDRESS	6211 NORTH KNOX	
CITY-ST-ZIP	CHICAGO FL	
TITLE	CCEO	<input checked="" type="checkbox"/> Delete
NAME	SMITH, WILLIAM D	
STREET ADDRESS	438 TOWN PLACE CIR	
CITY-ST-ZIP	BUFFALO GROVE IL 60089	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FINELLI, MICHAEL JR	
STREET ADDRESS	ONE KIMPER DRIVE	
CITY-ST-ZIP	LONG GROVE IL 60049-0001	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HAMMOND, DALE S	
STREET ADDRESS	ONE KIMPER DRIVE	
CITY-ST-ZIP	LONG GROVE IL 60049	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hickey, William A.	
STREET ADDRESS	One Kemper Drive	
CITY-ST-ZIP	Long Grove, IL 60049	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Conway, John K.	
STREET ADDRESS	One Kemper Drive	
CITY-ST-ZIP	Long Grove, IL 60049	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Chairman/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mathis, David B.	
STREET ADDRESS	One Kemper Drive	
CITY-ST-ZIP	Long Grove, IL 60049	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Clare B.	
STREET ADDRESS	One Kemper Drive	
CITY-ST-ZIP	Long Grove, IL 60049	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John K. Conway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John K. Conway/Secretary

4.24.03

847/320-2955

Date

Daytime Phone #

CR2E034 (10/02)



CORPORATION SERVICE COMPANY™

2014

ACCOUNT NO. : 072100000032

REFERENCE : 075311 4728366

AUTHORIZATION :

Patricia Pizjito

COST LIMIT : \$ 150.00

ORDER DATE : April 30, 2003

ORDER TIME : 10:41 AM

ORDER NO. : 075311-040

CUSTOMER NO: 4728366

CUSTOMER: Mary Jo Buttstadt, Legal Asst
Kemper
Legal Dept C-3
1 Kemper Drive
Long Grove, IL 60049

ANNUAL REPORT FILING

RECEIVED
03 MAY - 2 AM 11:44
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: AMERICAN MOTORISTS INSURANCE
COMPANY

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - Ext. 1149

EXAMINER'S INITIALS: _____