

2000 UNIFORM BUSINESS REPORT (UBR)

065158

DOCUMENT # 817508

1. Entity Name

AMERICAN PROTECTION INSURANCE COMPANY

FILED

00 FEB 16 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1 KEMPER DR.
LONG GROVE IL 60049-0001
US

1 KEMPER DR.
LONG GROVE IL 60049-0001
US

2. Principal Place of Business

One Kemper Drive

3. Mailing Address

One Kemper Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Legal C-3

Legal C-3

City & State

Long Grove, IL

City & State

Long Grove, IL

Zip

60049

Country

U.S

Zip

60049

Country

U.S

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
MIAMI, FL
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

36-2763106

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

TITLE	GCSC	<input type="checkbox"/> Delete
NAME	CONWAY, J K	
STREET ADDRESS	6211 N KNOX	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WHITE, W. L.	
STREET ADDRESS	3203 REMINGTON DR	
CITY-ST-ZIP	CRYSTAL LAKE IL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SIMMONS, W E	
STREET ADDRESS	4614 VALERIE DR	
CITY-ST-ZIP	CRYSTAL LAKE IL	
TITLE	EVD	<input type="checkbox"/> Delete
NAME	MATHIS, D B	
STREET ADDRESS	529 BRIAR LN	
CITY-ST-ZIP	LAKE FOREST IL	
TITLE	T	<input type="checkbox"/> Delete
NAME	FINELLI, MICHAEL JR	
STREET ADDRESS	ONE KEMPER DRIVE	
CITY-ST-ZIP	LONG GROVE IL 60049	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	SMIALEK, ROBERT L.	
STREET ADDRESS	4003 NEO DR	
CITY-ST-ZIP	CRYSTAL LAKE IL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Smith	
STREET ADDRESS	One Kemper Drive	
CITY-ST-ZIP	Long Grove, IL 60049	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

2-10-00

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 : 4:20 PM

ORDER NO. : 586938-075

CUSTOMER NO: 4728366

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

ANNUAL REPORT FILING

NAME: AMERICAN PROTECTION 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:

TS

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