

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 817508

1. Entity Name

AMERICAN PROTECTION INSURANCE COMPANY

FILED

01 MAR 12 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

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

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

Zip

Country

Zip

Country

4. FEI Number

36-2763106

Applied For

Not Applicable

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  
MIAMI, FL  
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, 2001 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  
NAME GCSC  
STREET ADDRESS CONWAY, J K  
CITY-ST-ZIP 6211 N KNOX  
CHICAGO IL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME P  
STREET ADDRESS SMITH, WILLIAM  
CITY-ST-ZIP ONE KEMPER DRIVE  
LONG GROVE IL 60049

☐ Delete

TITLE  
NAME C  
STREET ADDRESS Smith, William  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
NAME EVD  
STREET ADDRESS MATHIS, DB  
CITY-ST-ZIP 529 BRIAR LN  
LAKE FOREST IL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME T  
STREET ADDRESS FINELLI, MICHAEL JR  
CITY-ST-ZIP ONE KEMPER DRIVE  
LONG GROVE IL 60049

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME P  
STREET ADDRESS Tully, Gary J.  
CITY-ST-ZIP One Kemper Drive  
Long Grove, IL 60049

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

3/6/01

(847) 320-2000

Date

Daytime Phone #

CR2E034 (10/00)



THE UNITED STATES  
CORPORATION  
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 072768 4728366

AUTHORIZATION :

*Patricia Pizito*

COST LIMIT : \$ 150

ORDER DATE : March 9, 2001

ORDER TIME : 3:44 PM

ORDER NO. : 072768-065

CUSTOMER NO: 4728366

CUSTOMER: Ms. Susan Wilson-4728366  
Kemper  
Legal Dept C-3  
1 Kemper Drive  
Long Grove, IL 60049

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: *Carrie Vaughn*  
~~Louise Smith~~ - Ext.

EXAMINER'S INITIALS: \_\_\_\_\_

NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

2001 MAR 12 PM 4:45

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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