

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
99 APR 12 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **829053**

1. Corporation Name

KEMPER REINSURANCE COMPANY

Principal Place of Business

Mailing Address

1 Kemper Drive
Building 3
Long Grove, IL 60049

1 Kemper Drive
Building 3
Long Grove, IL 60049

If above addresses are incorrect in any way line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

N/A

Suite, Apt. #, etc

N/A

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11-22-72

5. FEI Number

36-2667627

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
	SEE ATTACHED.		

REINSTATEMENT

74-99 (CUS)

DS

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-04/12/99--01098--028

***2972.50 ***2972.50

8. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

9. Name and Address of New Registered Agent

Name: **INSURANCE COMMISSIONER**
Street Address (P.O. Box Number is Not Acceptable): **THE CAPITOL BUILDING**
Suite, Apt. #, Etc:
City: **TALLAHASSEE** State: **FL** Zip Code: **32399**

10. I, being appointed the registered agent of the above named corporation, am fully conversant with all the provisions of Section 607.0505, F.S.

Signature of Registered Agent

Karen B. Rozar

Karen B. Rozar, Assn. Sec.
Corporation Service Company

Date

4/12/99

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes No

(See other side for information on intangible tax)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

David S. Brodnan

DAVID S. BRODNAN, General Counsel/sec. (847) 320-3327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #