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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **832615** **(9)**

1. Corporation Name
AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
1 KEMPER DR. LONG GROVE IL 60049-0001 US	1 KEMPER DR. LONG GROVE IL 60047-9108 US

3. Date Incorporated or Qualified: 06/26/1974
3a. Date of Last Report: 07/16/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 36-2797074 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, type or print name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	EVD	☐ DELETE	1.1 TITLE	EXECUTIVE VICE PRESIDENT & CHIEF FINANCIAL OFFICER	☒ Change ☐ Addition
NAME	WHITE, W.L.		1.2 NAME		
STREET ADDRESS	144 LINCOLN PARKWY		1.3 STREET ADDRESS	3203 ARMINGTON DRIVE	
CITY-ST-ZIP	CRYSTAL LAKE IL		1.4 CITY-ST-ZIP	CRYSTAL LAKE, IL 60014	
TITLE	PCEO	☐ DELETE	2.1 TITLE	CHAIRMAN OF THE BOARD & CHIEF EXECUTIVE OFFICER	☒ Change ☐ Addition
NAME	MATHIS, D B		2.2 NAME		
STREET ADDRESS	529 BRIAR LN		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE FOREST IL		2.4 CITY-ST-ZIP		
TITLE	SGC	☐ DELETE	3.1 TITLE	GENERAL COUNSEL & CORPORATE SECRETARY	☒ Change ☐ Addition
NAME	CONWAY, J K		3.2 NAME		
STREET ADDRESS	6211 N KNOX		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STACY, R.B.		4.2 NAME		
STREET ADDRESS	15149 W. CLOVER LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LIBERTYVILLE IL		4.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	5.1 TITLE	PRESIDENT & CHIEF OPERATING OFFICER	☐ Change ☒ Addition
NAME	FRITZ, BRUCE N.		5.2 NAME	WILLIAM D. SMITH	
STREET ADDRESS	7701 OAKRIDGE CT.		5.3 STREET ADDRESS	714 ALSACE	
CITY-ST-ZIP	CRYSTAL LAKE IL		5.4 CITY-ST-ZIP	BUFFALO GROVE, IL 60089	
TITLE	EVP	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KEMPER, J S III		6.2 NAME		
STREET ADDRESS	471 EAST OXFORD		6.3 STREET ADDRESS		
CITY-ST-ZIP	BARRINGTON IL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R. B. Stacy — 4/9/97 — (847) 320-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481452