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May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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 60049-0001 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/26/1974**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: **36-2797074**	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32304	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPFO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, W.L.		1.2 NAME		
STREET ADDRESS	2303 REMINGTON DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL LAKE IL		1.4 CITY-ST-ZIP		
TITLE	CBEO	☐ DELETE	2.1 TITLE		☐ 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	GCCS	☐ DELETE	3.1 TITLE		☐ 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	TREASURER	☐ Change ☒ Addition
NAME	STACY, R.B.		4.2 NAME	ELSTROM, D. C.	
STREET ADDRESS	15149 W. CLOVER LANE		4.3 STREET ADDRESS	1125 DRESDEN DR	
CITY-ST-ZIP	LIBERTYVILLE IL		4.4 CITY-ST-ZIP	HOFFMAN ESTATES IL	
TITLE	PCEO	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	SMITH, WILLIAM D		5.2 NAME		
STREET ADDRESS	714 ALSACE		5.3 STREET ADDRESS	438 TOWN PLACE CIRCLE	
CITY-ST-ZIP	BUFFALO GROVE IL		5.4 CITY-ST-ZIP	BUFFALO GROVE IL	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. 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 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: D. C. Elstrom, Treasurer 4/21/98 847-320-2000