

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
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
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DOCUMENT # **832615** (9)
1. Corporation Name
AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

Principal Place of Business 1 KEMPER DR. LONG GROVE IL 60049-0001 US	Mailing Address 1 KEMPER DR. LONG GROVE IL 60049-0001 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 06/26/1974	
4. FEI Number 36-2797074		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No		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	

**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304**

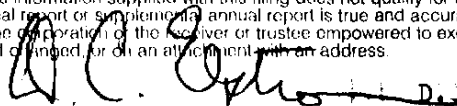
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPFO	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	CBO	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	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	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	PCEO	5.1 TITLE	☒ Change ☐ Addition
NAME	SMITH, WILLIAM D	5.2 NAME	
STREET ADDRESS	714 ALSACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO GROVE IL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

CR2E034 (10/97)