

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 832615

1. Entity 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

2. Principal Place of Business

3. Mailing Address

One Kemper Drive

One Kemper Drive

Suite, Apt. #, etc.
Legal C-3

Suite, Apt. #, etc.
Legal C-3

City & State
Long Grove, IL

City & State
Long Grove, IL

60049

U.S.

60049

U.S.

4. FEI Number 36-2797074

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
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, 2000 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 VPFO ☒ Delete
NAME WHITE, W.L.
STREET ADDRESS 2303 REMINGTON DR
CITY-ST-ZIP CRYSTAL LAKE IL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CBEO ☒ Delete
NAME MATHIS, D B
STREET ADDRESS 529 BRIAR LN
CITY-ST-ZIP LAKE FOREST IL

TITLE CEO ☒ Change ☐ Addition
NAME David B. Mathis
STREET ADDRESS One Kemper Drive
CITY-ST-ZIP Long Grove, IL 60049

TITLE GCCS ☐ Delete
NAME CONWAY, J K
STREET ADDRESS 6211 N KNOX
CITY-ST-ZIP CHICAGO IL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PCEO ☒ Delete
NAME SMITH, WILLIAM D
STREET ADDRESS 438 TOWN PLACE CIR
CITY-ST-ZIP BUFFALO GROVE IL

TITLE President ☒ Change ☐ Addition
NAME William Smith
STREET ADDRESS 438 Town Place Cir
CITY-ST-ZIP Buffalo Grove, IL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

847-320-2000

Daytime Phone #

FILED

00 FEB 16 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

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**THE UNITED STATES
CORPORATION**
C O M P A N Y

ACCOUNT NO. : 072100000032

REFERENCE : 586938 4728366

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Piquero

ORDER DATE : February 14, 2000

ORDER TIME : 4:18 PM

ORDER NO. : 586938-070

CUSTOMER NO: 4728366

CUSTOMER: Mr. Joseph Funk
Kemper
Legal Dept C-3
1 Kemper Drive
Long Grove, IL 600490000

ANNUAL REPORT FILING

NAME: AMERICAN MANUFACTURERS
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: *Erika Carlson*

EXAMINER'S INITIALS: _____

TS

RECEIVED
00 FEB 16 PM 4:42
DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA