2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # 832615 1. Entity Name AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY					FILE	D		
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Principal Place of Business Mailing Address				 -	SECRETARY	OF STATE		1
ONE KEMPER DRIVE EGAL C-3		ONE KEMPER DRIVE		9	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
		LEGAL C-3 LONG GROVE IL 60049			T			
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
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City & State		City & State		4.	4. FEI Number 36-2797074 Applied For Not Applied			
Zip	Country	Zip	Country	5.	Certificate of Status Desired		75 Addit	tional
	6. Name and Address of Current Re	egistered Agent	<u> </u>	7.	Name and Address of New		Required t	<u> </u>
			Name					
INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32304		Stre		t Address (P.O. Box Number is Not Acceptable)				
				<u>_</u>			_	
IALLAI						FL Z	ip Code	
IALLAI			I City			P= -	- F	
I. The above not signature	amed entity submits this statement for the grature, typed or printed name of registered agent and ation is eligible to satisfy its Intangible	title if applicable. (NOTE	E: Registered Agent sig	nature required when r		DATE	\$5.00	May B
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John K. Conway

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

185

3/6/01 (847) 320-2000

Daytime Phone #

Date





ACCOUNT NO. : 072100000032

REFERENCE : 072468 2 2 2 2 3 6 6

AUTHORIZATION

COST LIMIT : \$ 150

ORDER DATE: March 9, 2001

ORDER TIME : 2:13 PM

ORDER NO. : 072768-020

CUSTOMER NO:

4728366

CUSTOMER: Ms. Susan Wilson-4728366

Kemper

Legal Dept C-3 1 Kemper Drive

Long Grove, IL 60049

ANNUAL REPORT FILING

NAME:

AMERICAN MANUFACTURERS MUTUAL

INSURANCE COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

ORPOS OF FILING:

O

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Contact Person: Ext

EXAMINER'S INITIALS: