

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 832615

1. Entity Name

AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

Principal Place of Business

ONE KEMPER DRIVE
LEGAL C-3
LONG GROVE IL 60049
US

Mailing Address

ONE KEMPER DRIVE
LEGAL C-3
LONG GROVE IL 60049
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOD
SMITH, WILLIAM
438 TOWN PLACE CIR
BUFFALO GROVE IL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300005257393--5

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
MATHIS, DAVID B
ONE KEMPER DRIVE
LONG GROVE IL 60049

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MATHIS, DAVID B
ONE KEMPER DRIVE
LONG GROVE, IL 60049

☒ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LINDEMANN, ROBERT A
ONE KEMPER DRIVE
LONG GROVE IL 60049

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED

John K. Conway 4/8/02

(847) 320-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

0008615 AT

FILED

02 APR 12 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE



2012

ACCOUNT NO. : 072100000032

REFERENCE : 521414 4728366

AUTHORIZATION :

Patricia Pizant

COST LIMIT : \$ 150.00

ORDER DATE : April 10, 2002

ORDER TIME : 11:29 AM

ORDER NO. : 521414-010

CUSTOMER NO: 4728366

CUSTOMER: Ms. Susan Wilson
Kemper
Legal Dept C-3
1 Kemper Drive
Long Grove, IL 60049

RECEIVED
02 APR 12 PM 12:08
DEPARTMENT OF STATE
DIVISION OF CORPORATE FILING
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: AMERICAN MANUFACTURERS MUTUAL
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: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: _____