

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832615

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

## Current Principal Place of Business:

ONE KEMPER DRIVE  
LEGAL, 125W-0670  
LONG GROVE, IL 60049 US

## New Principal Place of Business:

ONE KEMPER DRIVE  
LONG GROVE, IL 60049 US

## Current Mailing Address:

ONE KEMPER DRIVE  
LEGAL, 125W-0670  
LONG GROVE, IL 60049 US

## New Mailing Address:

ONE KEMPER DRIVE  
LEGAL, 12NWC-0102  
LONG GROVE, IL 60049 US

FEI Number: 36-2797074

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INSURANCE COMMISSIONER  
THE CAPITAL  
TALLAHASSEE, FL 32304 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: COB ( ) Delete  
Name: MATHIS, DAVID B  
Address: 1 KEMPER DR.  
City-St-Zip: LONG GROVE, IL 60049 US

Title: D ( ) Delete  
Name: MATHIS, DAVID B  
Address: ONE KEMPER DRIVE  
City-St-Zip: LONG GROVE, IL 60049

Title: GCCS ( ) Delete  
Name: CONWAY, J K  
Address: 6211 N KNOX  
City-St-Zip: CHICAGO, IL

Title: PCEO ( ) Delete  
Name: ANDREWS, DOUGLAS S  
Address: 1 KEMPER DRIVE  
City-St-Zip: LONG GROVE, IL 60049

Title: SVPA ( ) Delete  
Name: OTTO KIST, FREDERICK  
Address: 1 KEMPER DR.  
City-St-Zip: LONG GROVE, IL 60049

Title: V ( ) Delete  
Name: HAMES, ROBERT P  
Address: 1 KEMPER DRIVE  
City-St-Zip: LONG GROVE, IL 60049

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN K. CONWAY

GCCS

04/06/2009

Electronic Signature of Signing Officer or Director

Date