

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 835294

1. Entity Name  
KEMPER CASUALTY INSURANCE COMPANY

Principal Place of Business

1 KEMPER DRIVE  
LONG GROVE IL 60049-0001  
US

Mailing Address

1 KEMPER DRIVE, K-8  
LONG GROVE IL 60049-0001  
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

36-2705935

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 STATE OF FLA.  
CAPITOL BUILDING OF FLORIDA  
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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
CEO  
SMITH, WILLIAM W  
1 KEMPER DRIVE  
LONG GROVE IL 60049-0001 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
Smith, William D  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
JOSEPHSON, MURAL R  
1 KEMPER DRIVE  
LONG GROVE IL 60049-0001 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
Finelli, Jr., Michael A  
One Kemper Drive  
Long Grove, IL 60049 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
KANE, DENNIS P  
1 KEMPER DRIVE  
LONG GROVE IL 60049-0001 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
Conway, John K  
One Kemper Drive  
Long Grove, IL 60049 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MATHIS, DAVID B  
1 KEMPER DRIVE  
LONG GROVE IL 60049-0001 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
ABRUZZO, CHARLES M  
1 KEMPER DRIVE  
LONG GROVE IL 60049-0001 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200004543032--7 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
CONKLIN, BRET A  
1 KEMPER DRIVE  
LONG GROVE IL 60049-0001 ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John K. Conway 8/14/01 (847) 320-2000

Date

Daytime Phone #

0130606 AT

CR2E034 (5/01)

01 AUG 20 AM 5:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

mw



ACCOUNT NO. : 072100000032  
REFERENCE : 430273 4728366  
AUTHORIZATION :  
COST LIMIT : \$ 550.00

*Patricia P. [signature]*

ORDER DATE : August 17, 2001

ORDER TIME : 11:38 AM

ORDER NO. : 430273-005

CUSTOMER NO: 4728366

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

ANNUAL REPORT FILING

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 AUG 20 PM 2:33  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING.

NAME: KEMPER CASUALTY 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: Betty Young - Ext. 1112

EXAMINER'S INITIALS: \_\_\_\_\_