

2002 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER STATE OF FLA.
CAPITOL BUILDING OF FLORIDA
TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent

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

TITLE **CD** ☐ Delete
NAME **SMITH, WILLIAM D**
STREET ADDRESS **1 KEMPER DRIVE**
CITY-ST-ZIP **LONG GROVE IL 60049-0001**

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

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

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

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

TITLE **VP** ☒ Delete
NAME **CONKLIN, BRET A**
STREET ADDRESS **1 KEMPER DRIVE**
CITY-ST-ZIP **LONG GROVE IL 60049-0001**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **500005257385--9**
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☒ Addition
NAME **CS**
STREET ADDRESS **CONWAY, JOHN K.
ONE KEMPER DRIVE**
CITY-ST-ZIP **LONG GROVE, IL 60049**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John K. Conway

4/8/02

(847) 320-2000

Date

Daytime Phone #

FILED

02 APR 12 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **36-2705935**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2E034 (9/01)

0608617 AT



2012

ACCOUNT NO. : 072100000032

REFERENCE : 521414 4728366

AUTHORIZATION : *Patricia Pysko*

COST LIMIT : \$ 150.00

ORDER DATE : April 10, 2002

ORDER TIME : 11:38 AM

ORDER NO. : 521414-030

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
DIVISION OF REVENUE
TALAHASSEE FL 32311

ANNUAL REPORT 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: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: _____