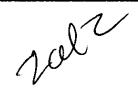
- 2001		HEGO HEF G			শ্বর শ্বর	or Gilateons				8
DOCU 1. Entity Nan	MENT # 835294		· · · · · · · · · · · · · · · · · · ·		/(yx	7			
	CASUALTY INSURANCE CO	MPANY				FILE	D	\		2
Principal Plac	ce of Business	Mailing Address			<u> </u>	02 APR 12 PH 1: 48				
		1 KEMPER DRIVE. K-8								
LONG GROVE IL 60049-0001 LONG GROVE IL 60049-00 US US		XX1	1		ECRETARY OF LLAHASSEE. I	FLORIDA				
2. Principal Place of Business 3. M		3. Mailing Address					//	OIRII OIBIA BIRII (8 5 6 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	re ·	City & State		·	00.0705005		pplied For ot Applicable	-		
Zip ·	Country	Zip	Coun	try	5.	Certificate of Status D	esired	\$8.75 Ad Fee Require	ditional ed	
	6. Name and Address of Current Re	egistered Agent		Name	7.	Name and Address of	f New Registered	Agent		
INSURAN	CE COMMISSIONER STATE OF FLA				dd (D.O.)	Dan Museline in No. A.				
CAPITOL BUILDING OF FLORIDA				Street Address (Box Number is Not Ac	ceptable)			
TALLAHA	SSEE FL 32304							· —•		
				City			FL	Zip Cod	e	
8. The above	named entity submits this statement for the	he purpose of changing its	registere	ed office o	registered a	gent, or both, in the Sta	ate of Florida.			
SIGNATURE .										
	Signature, typed or printed name of registered agent and			ė.	ure required when i	reinstating)	DATE	<u></u>		4
	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!! After May 1, 200				10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
	ria on back)	Make Check Payab		partmen				7.444		
TITLE	OFFICERS AND DI	RECTORS Delete	12.		A	ODITIONS/CHANGES	TO OFFICERS AN	D DIRECTOR Change	S IN 11	3
NAME	SMITH, WILLIAM D		NAME							2E034 (9/01)
STREET ADDRESS CITY-ST-ZIP	1 KEMPER DRIVE LONG GROVE IL 60049-0001			ET ADDRESS ST-ZIP						E03
TITLE	VD	☐ Delete	TITLE					☐ Change	☐ Addition	1 ~~
NAME Street Address	JOSEPHSON, MURAL R		NAME	T ADDRESS		50000	05257:	205_	.	
CITY-ST-ZIP	1 Kemper Drive Long Grove IL 60049-0001			ST-ZIP			,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
TITLE	PD	☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS	KANE, DENNIS P 1 KEMPER DRIVE		NAME STREE	T ADDRESS						
CITY-ST-ZIP	LONG GROVE IL 60049-0001		CITY-	ST-ZIP						
TITLE NAME	D MATUR DAVID B	☐ Delete	TITLE					Change	☐ Addition	
STREET ADDRESS	MATHIS, DAVID B 1 KEMPER DRIVE		•	T ADDRESS						
CITY-ST-ZIP	LONG GROVE IL 60049-0001		CITY-	ST-ZIP						
TITLE NAME	V ABRUZZO, CHARLES M	☐ Delete	TITLE NAME				10/10	☐ Cha nge	☐ Addition	
STREET ADDRESS	1 KEMPER DRIVE		STREE	T ADDRESS			\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1		
CITY-ST-ZIP	LONG GROVE IL 60049-0001	NT -	1-	ST-ZIP	CC		ノ がべ、	r=1 o:		
TITLE Name	VP Conklin, Bret A	🔀 Delete	TITLE		CS CONWAY	, JOHN K.	\mathcal{A}	Change	XX Addition	
STREET ADDRESS	1 KEMPER DRIVE			T ADDRESS		PER DRIVE				
CITY-ST-ZIP	LONG GROVE IL 60049-0001			ST-ZIP	LONG GE	ROVE, IL 600				
 I hereby of indicated 	ertify that the information supplied with the on this report or supplemental report is true.	is filing does not qualify for ue and accurate and that m	the exen y signati	nption stat ure shall ha	ed in Section ave the same	119.07(3)(i), Florida St legal effect as if made	atutes. I further cer under oath; that I	rtify that the ir am an officer	nformation or director	

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.

GNATURE:

| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

SIGNATURE:





ACCOUNT NO. : 072100000032

REFERENCE: 521414 4728366

AUTHORIZATION :

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

ANNUAL REPORT FILING

NAME: KEMPER CASUALTY INSURANCE

COMPANY

XX	ANNUAL	REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: