

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90202 015 ***150.00

DOCUMENT # 835294

1. Entity Name
KEMPER CASUALTY INSURANCE COMPANY



Principal Place of Business
**1 KEMPER DRIVE
LEGAL, 125W-0670
LONG GROVE, IL 60049-0001 US**

Mailing Address
**1 KEMPER DRIVE
LEGAL, 125W-0670
LONG GROVE, IL 60049-0001 US**

40083112



01032007 No Chg-P CR2E034 (11/05)

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**

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
PO BOX 6200 (32314-6200)
200 E. GAINES ST.
TALLAHASSEE, FL 32399**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ANDREWS, DOUGLAS S
1 KEMPER DRIVE
LONG GROVE, IL 60049**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
HAMES, ROBERT P
1 KEMPER DRIVE
LONG GROVE, IL 600490001**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MATHIS, DAVID B
1 KEMPER DRIVE
LONG GROVE, IL 600490001**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCHWARTZ, BENJAMIN DAVID L
ONE KEMPER DRIVE
LONG GROVE, IL 60049**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 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

J.K. CONWAY 4-16-07

Date

Daytime Phone #

847-320-3262

ATTACHMENT

Directors, Officers Report

Kemper Casualty Insurance Company

40083112

#835294

Monday, April 09, 2007

DIRECTORS

Douglas Sean Andrews

Chairman of the Board

First Elected: Tuesday, May 16,
2006

Director

First Elected: Monday, May 15,
2006

John Keating Conway

Director

First Elected: Monday, February
23, 2004

Benjamin David L. Schwartz

Director

First Elected: Thursday, September
29, 2005

OFFICERS

Douglas Sean Andrews

President

First Elected: Friday, January 07,
2005

Fred T Griffith

Chief Financial Officer

First Elected: Thursday, February
22, 2007

Robert Paul Hames

Vice President

First Elected: Friday, October 01,
1999

Frederick Otto Kist

Vice President

First Elected: Monday, August 09,
2004

Benjamin David L. Schwartz

Vice President

First Elected: Thursday, September
29, 2005

John Keating Conway

Secretary

First Elected: Tuesday, December
31, 2002

G. Andrew Cooke

Treasurer

First Elected: Thursday, September
29, 2005