## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#835294** 

**Entity Name:** KEMPER CASUALTY INSURANCE COMPANY

**Current Principal Place of Business: New Principal Place of Business:** 1 KEMPER DRIVE 1 KEMPER DRIVE LEGAL, 125W-0670 LONG GROVE, IL 600490001 US LONG GROVE, IL 600490001 US **New Mailing Address: Current Mailing Address:** 1 KEMPER DRIVE 1 KEMPER DRIVE LEGAL, 125W-0670 LEGAL, 12NWC-0102 LONG GROVE, IL 600490001 US LONG GROVE, IL 600490001 US FEI Number: 36-2705935 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHIEF FINANCIAL OFFICER PO BOX 6200 (32314-6200) 200 E. GAINES ST. TALLAHASSEE, FL 32399 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: COB ( ) Delete () Change () Addition MATHIS, DAVID B Name: Name: 1 KEMPER DRIVE Address: Address: City-St-Zip: LONG GROVE, IL 60049 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: ANDREWS, DOUGLAS S Name: 1 KEMPER DRIVE Address: Address: LONG GROVE, IL 60049 US City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition HAMES, ROBERT P HAMES, ROBERT P Name: Name: 1 KEMPER DRIVE 1 KEMPER DRIVE Address: Address: City-St-Zip: LONG GROVE, IL 600490001 US City-St-Zip: LONG GROVE, IL 600490001 US Title: () Delete Title: () Change () Addition MATHIS, DAVID B Name: Name: Address: 1 KEMPER DRIVE Address: City-St-Zip: LONG GROVE, IL 600490001 US City-St-Zip: Title: CS Title: () Delete () Change () Addition CONWAY, JOHN K Name: Name: ONE KEMPER DRIVE Address: Address: City-St-Zip: LONG GROVE, IL 60049 City-St-Zip: Title: ( ) Delete Title: () Change () Addition SCHWARTZ, BENJAMIN DAVID L Name: Name: ONE KEMPER DRIVE Address: Address: City-St-Zip: LONG GROVE, IL 60049 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 CS 04/06/2009

FILED Apr 06, 2009

Secretary of State