

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1072

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AT

DOCUMENT # 835294

1. Entity Name
KEMPER CASUALTY INSURANCE COMPANY



FILED

03 MAY -2 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

☒ CHECK HERE IF MAKING CHANGES

03

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
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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SMITH, WILLIAM D 1 KEMPER DRIVE LONG GROVE IL 60049-0001 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Mathis, David B. One Kemper Drive Long Grove, IL 60049 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOSEPHSON, MURAL R 1 KEMPER DRIVE LONG GROVE IL 60049-0001 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lindemann, Robert A. One Kemper Drive Long Grove, IL 60049 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KANE, DENNIS P 1 KEMPER DRIVE LONG GROVE IL 60049-0001 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Smith, Clare B. One Kemper Drive Long Grove, IL 60049 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHIS, DAVID B 1 KEMPER DRIVE LONG GROVE IL 60049-0001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Hickey, William A. One Kemper Drive Long Grove, IL 60049 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ABRUZZO, CHARLES M 1 KEMPER DRIVE LONG GROVE IL 60049-0001 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600017906036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS CONWAY, JOHN K ONE KEMPER DRIVE LONG GROVE IL 60049 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John K. Conway / Secretary

4.24.03

Date

847/320-2955

Daytime Phone #

CR2E034 (10/02)

2052



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 075311 4728366

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : \$ 150.00

ORDER DATE : April 30, 2003

ORDER TIME : 10:48 AM

ORDER NO. : 075311-055

CUSTOMER NO: 4728366

CUSTOMER: Mary Jo Buttstadt, Legal Asst
Kemper
Legal Dept C-3
1 Kemper Drive
Long Grove, IL 60049

RECEIVED
03 MAY -2 11:44
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: KEMPER CASUALTY INSURANCE
COMPANY

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - Ext. 1149

EXAMINER'S INITIALS: _____