

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Feb 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F95000000414 (1)**

1. Corporation Name  
**KEMPER RISK MANAGEMENT SERVICES, INC.**



Principal Place of Business Mailing Address  
~~1601 SW 80TH TERRACE PLANTATION FL 33324~~ ~~1601 SW 80TH TERRACE PLANTATION FL 33324~~

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 One Kemper Drive		26 Same		01/25/1995	02/21/1996
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		36-3917295	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
60049		US		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DARE, THOMAS A 1601 S.W. 80TH TER. PLANTATION FL 33324				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDNER, E M	1.2 NAME	
STREET ADDRESS	ONE KEMPER DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONG GROVE IL 60049	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, W L	2.2 NAME	
STREET ADDRESS	ONE KEMPER DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONG GROVE IL 60049	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, MARK D	3.2 NAME	
STREET ADDRESS	ONE KEMPER DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONG GROVE IL 60049	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, C. DAVID	4.2 NAME	
STREET ADDRESS	ONE KEMPER DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONG GROVE IL 60049	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENYON, ALFRED K	5.2 NAME	
STREET ADDRESS	ONE KEMPER DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONG GROVE IL 60049	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, R P	6.2 NAME	
STREET ADDRESS	1601 SW 80TH TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elizabeth M. Rindler* 1-27-97 320-4000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

**KEMPER RISK MANAGEMENT SERVICES, INC.  
CORPORATE OFFICERS AND DIRECTORS**

<u>Name</u>	<u>Title</u>	<u>Address</u>
Elizabeth M. Lindner	President, CEO and Director	One Kemper Drive Long Grove, IL 60049
Walter White	Secretary, Treasurer, and Director	One Kemper Drive Long Grove, IL 60049
Mark D. O'Brien	Director	One Kemper Drive Long Grove, IL 60049
C. David Sullivan	Director	One Kemper Drive Long Grove, IL 60049
David K. Patterson	Officer	1601 S.W. 80th Terrace Plantation, FL 33324
R. Phillip Boyd	Officer	1601 S.W. 80th Terrace Plantation, FL 33324