

**Kemper**

**F980000005017**

1 Kemper Drive  
Long Grove, IL 60049-0001

847/320-2000

August 27, 1998

000002629260--7  
-08/31/98--01142--004  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Secretary of State of Florida  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: KEMPER AUTO & HOME INSURANCE COMPANY AND  
KEMPER INDEPENDENCE INSURANCE COMPANY  
APPLICATIONS BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

Gentlemen:

On behalf of Kemper Auto & Home Insurance Company and Kemper Independence Insurance Company, I have enclosed two completed Applications By Foreign Corporations for Authorization to Transact Business in Florida. Also enclosed are Kemper checks numbered 00647683 and 00647684, each for \$70.00 payable to the Secretary of State of Florida, and the Illinois Department of Insurance's certified Permit for each company.

Please return to me a Certificate of Status for each company. I will include those Certificates in applications to the Florida Department of Insurance for certificates of authority.

I appreciate your prompt assistance on these requests.

Sincerely,



D. Drué Wax  
Licensing Coordinator

DDW:wsk  
Enclosures

**FILED**  
98 SEP -4 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*8/9/98*

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:

1. Kemper Independence Insurance Company  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Illinois 3. 36-4230019  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 3, 1998 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Kemper Independence Insurance Company is currently applying to the Florida Department of Insurance for a Certificate of Authority.  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)
7. 1 Kemper Drive  
Long Grove, IL 60049-0001  
(Current mailing address)
8. Kemper Independence Insurance Company is authorized by Illinois to write all lines of property and casualty insurance.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:  
Name: Insurance Commissioner  
Office Address: Capitol  
Tallahassee, Florida, 32399-0300  
(Zip Code)
10. Registered agent's acceptance:  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*  
  
Insurance Commissioner  
(Registered agent's signature)
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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908-01-1 PM 2:56  
TALLAHASSEE, FLORIDA  
STATE

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

**A. DIRECTORS (Street address only- P. O. Box NOT acceptable)**

Chairman: William D. Smith

Address: 1 Kemper Drive  
Long Grove, IL 60049-0001

Vice Chairman: N/A

Address:

Director: David B. Mathis

Address: 1 Kemper Drive  
Long Grove, IL 60049-0001

Director: Walter L. White

Address: 1 Kemper Drive  
Long Grove, IL 60049-0001

**B. OFFICERS (Street address only- P. O. Box NOT acceptable)**

President: David J. Miller

Address: 1 Kemper Drive  
Long Grove, IL 60049-0001

Vice President: Walter L. White

Address: 1 Kemper Drive  
Long Grove, IL 60049-0001

Secretary: John K. Conway


Address: 1 Kemper Drive  
Long Grove, IL 60049-0001

Treasurer: David C. Elstrom

Address: 1 Kemper Drive  
Long Grove, IL 60049-0001

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

John K. Conway, Corporate Secretary  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
320 WEST WASHINGTON STREET  
SPRINGFIELD, ILLINOIS 62767

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



I, the undersigned, Director of Insurance of the State of Illinois, hereby certify that the document to which this Certification is attached is a true and correct copy of the original now on file in and forming a part of the records of the Department of Insurance.

In witness whereof, I hereto set my hand and cause to be affixed the Seal of my office in Springfield, Illinois.

Date: JUN 24 1998

*G. Dutcher*  
Acting Director of Insurance

Printed on Recycled Paper

IL446-0135 (3/91)

# STATE OF ILLINOIS

## DEPARTMENT OF INSURANCE



Whereas, the Kemper Independence Insurance Company

located at Long Grove, in the State of ILLINOIS  
has complied with all the requirements of the "ILLINOIS INSURANCE CODE" applicable to  
said Company:

NOW, THEREFORE, I, the undersigned, Director of Insurance of the State of Illinois, do  
hereby authorize the said Company to transact its appropriate business as set forth under  
Clause(s) \_\_\_\_\_

(a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k), (l) of Class 2

(a), (b), (c), (d), (e), (f), (g), (h), (i) of Class 3

of Section 4 of the "ILLINOIS INSURANCE CODE" in this State, in accordance with  
laws thereof.

98 SEP - 4 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



### In Testimony Whereof,

I hereto set my hand and cause to be affixed the Seal of my office.

Done at the City of Springfield, this 3RD

day of June, 19 98

A. Dutcher

Arnold Dutcher, Acting Director of Insurance