2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9800005017 1. Entity Name KEMPER INDEPENDENCE INSURANCE COMPANY				ODFEBIG PM L: 13	
Principal Plac	e of Business	Mailing Address			
1 KEMPER DRIVE LONG GROVE IL 60049-0001		1 KEMPER DRIVE LONG GROVE IL 60049-0001		SECNE MAN () () TALLAHASSEE.	STATE FLORIDA
				1 1881 188 (118 1818) PRIN 8811 8811 8811 8811	##### ################################
2. Principal Place of Business One Kemper Drive		3. Mailing Address One Kemper Drive			
Suite, Apt. #, etc. Legal C-3		Suité, Apt. #, etc. Legal C-3		DO NOT WRITE IN	
	Long Grove, IL	City & State	rove, IL	4. FEI Number 36-4230019	Applied For Not Applicable
Zip	60049 Country U.S		Country U.S	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current F			7. Name and Address of New Regis	stered Agent
	HIGH BANGE COMMISSIONED		Name		
THE INSURANCE COMMISSIONER THE CAPITOL			Street Address (P.O. Box Number is Not Acceptable)		
TALL	AHASSEE FL 32399-0300				
			City	**	FL Zip Code
8. The above	named entity submits this statement for	the purpose of changing its reg	gistered office or registe	ered agent, or both, in the State of Florida	
0.00.471.05					
SIGNATURE .					DATE
	Signature, typed or printed name of registered agent a	11	gistered Agent signature require	ed when reinstating)	DATE
9. This corpo	Signature, typed or printed name of registered agent a prattion is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!!	FEE IS \$150.00 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	
9. This corpo	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! After MAY 1, 2000 Make Check Payable	FEE IS \$150.00 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing \$5.00 May Be Added to Fees
9. This corporate filing respectively. See criter 11.	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back) OFFICERS AND I C SMITH, WILLIAM D	FILE NOW!!! After MAY 1, 2000 Make Check Payable	FEE IS \$150.00 Fee will be \$550.00 to Department of Str 12. TITLE NAME	10. Election Campaign Financ Trust Fund Contribution.	ing \$5.00 May Be Added to Fees
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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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. John K. Conway

SIGNATURE:

847-320-2000

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE :

586938

4728366

AUTHORIZATION

COST LIMIT

ORDER DATE: February 14, 2000

ORDER TIME: 4:13 PM

ORDER NO. : 586938-050

CUSTOMER NO: 4728366

CUSTOMER: Mr. Joseph Funk

Kemper

Legal Dept C-3 1 Kemper Drive

Long Grove, IL 600490000

ANNUAL REPORT FILING

NAME:

KEMPER INDEPENDENCE INSURANCE

COMPANY

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

SNOINO 13/33SSVHVJJEHryn Messina CONTACTIVPERSON: 10 WKathryn Messina EXI

17:7 Hd 9183300

EXAMINER'S INITIALS:

BECEINED