

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005017

1. Entity Name

KEMPER INDEPENDENCE INSURANCE COMPANY

FILED

01 MAR 12 AM 10:57

Principal Place of Business

ONE KEMPER DRIVE
LEGAL C-3
LONG GROVE IL 60049
US

Mailing Address

ONE KEMPER DRIVE
LEGAL C-3
LONG GROVE IL 60049
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-4230019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C
NAME SMITH, WILLIAM D
STREET ADDRESS 1 KEMPER DRIVE
CITY-ST-ZIP LONG GROVE IL 60049-0001 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MATHIS, DAVID B
STREET ADDRESS 1 KEMPER DRIVE
CITY-ST-ZIP LONG GROVE IL 60049-0001 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME FINELLI, MICHAEL JR
STREET ADDRESS 1 KEMPER DRIVE
CITY-ST-ZIP LONG GROVE IL 60049-0001 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P
NAME MILLER, DAVID J
STREET ADDRESS 1 KEMPER DRIVE
CITY-ST-ZIP LONG GROVE IL 60049-0001 ☒ Delete

TITLE P
NAME Andrews, Steven C.
STREET ADDRESS One Kemper Drive
CITY-ST-ZIP Long Grove, IL 60049 ☐ Change ☒ Addition

TITLE S
NAME CONWAY, JOHN K
STREET ADDRESS 1 KEMPER DRIVE
CITY-ST-ZIP LONG GROVE IL 60049-0001 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John K. Conway

3/6/01

(847) 320-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

2822



ACCOUNT NO. : 072100000032
REFERENCE : 072768 4728366
AUTHORIZATION : *Patricia Pajito*
COST LIMIT : \$ 150

ORDER DATE : March 9, 2001
ORDER TIME : 2:20 PM
ORDER NO. : 072768-045
CUSTOMER NO: 4728366
CUSTOMER: Ms. Susan Wilson-4728366
Kemper
Legal Dept C-3
1 Kemper Drive
Long Grove, IL 60049

ANNUAL REPORT FILING

NAME: KEMPER INDEPENDENCE INSURANCE
COMPANY

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: *Carrie Vaught*
~~Carol K. Dolor~~ Ext.

EXAMINER'S INITIALS: _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 MAR 12 PM 3:33
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING