

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # F98000005017**

1. Entity Name

**KEMPER INDEPENDENCE INSURANCE COMPANY**

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**02 APR 12 PM 1:52**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

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, 2002 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 ☐ Delete  
NAME **C**  
STREET ADDRESS **SMITH, WILLIAM D**  
CITY-ST-ZIP **1 KEMPER DRIVE  
LONG GROVE IL 60049-0001**

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

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

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

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

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

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **ANDREWS, STEVEN C**  
CITY-ST-ZIP **1 KEMPER DRIVE  
LONG GROVE IL 60049-0001**

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

**SIGNATURE REQUIRED**

John K. Conway

4/8/02

(847) 320-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

0080916 AT

2012



ACCOUNT NO. : 072100000032

REFERENCE : 521414 4728366

AUTHORIZATION : *Patricia Poynt*

COST LIMIT : \$ 150.00

ORDER DATE : April 10, 2002

ORDER TIME : 11:40 AM

ORDER NO. : 521414-040

CUSTOMER NO: 4728366

CUSTOMER: Ms. Susan Wilson  
Kemper  
Legal Dept C-3  
1 Kemper Drive  
Long Grove, IL 60049

RECEIVED  
02 APR 12 PM 12:08  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE AFFAIRS  
TALLAHASSEE, FL 32310

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: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: \_\_\_\_\_