

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90001 020 ***550.00

DOCUMENT # F98000005017

1. Entity Name
KEMPER INDEPENDENCE INSURANCE COMPANY



Principal Place of Business

**ONE EAST WACKER
CHICAGO, IL 60601 US**

Mailing Address

**5220 BELFORT RD
STE 200
JACKSONVILLE, FL US**

44048981



2. Principal Place of Business

5210 Belfort Rd.

Suite, Apt. #, etc.

Suite 120

City & State

Jacksonville FL

Zip

32256

Country

United States

3. Mailing Address

5210 Belfort Rd.

Suite, Apt. #, etc.

Suite 120

City & State

Jacksonville, FL

Zip

32256

Country

United States

07082004

Chg-P

CR2E034 (10/03)

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

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HAMMOND, DALE S**
STREET ADDRESS **1158 SALT CREEK DR**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE **VP** ☐ Delete
NAME **ANDREWS, STEVEN S**
STREET ADDRESS **366 ROYAL TEM CT**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE **S** ☐ Delete
NAME **SCHULT, EDWIN P**
STREET ADDRESS **521 CARAWAY CT**
CITY-ST-ZIP **JACKSONVILLE, FL 32259**

TITLE **D** ☐ Delete
NAME **SOUTHWELL, DONALD G**
STREET ADDRESS **33W646 WHITE THORN RD**
CITY-ST-ZIP **WAYNE, IL 601847**

TITLE **D** ☐ Delete
NAME **BENGSTON, DAVID F**
STREET ADDRESS **412 BLACKBERRY DR**
CITY-ST-ZIP **WOODSTOCK, IL 60098**

TITLE **D** ☐ Delete
NAME **DRAUT, ERIC J**
STREET ADDRESS **524 S BANBURY RD**
CITY-ST-ZIP **ARLINGTON HEIGHTS, IL 60005**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Dale S. Hammond**
STREET ADDRESS **5210 Belfort Rd. Suite 120**
CITY-ST-ZIP **Jacksonville FL 32256**

TITLE **V** ☒ Change ☐ Addition
NAME **Steven S. Andrews**
STREET ADDRESS **5210 Belfort Rd. Suite 120**
CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE **S** ☒ Change ☐ Addition
NAME **Edwin P. Schultz**
STREET ADDRESS **5210 Belfort Rd. Suite 120**
CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE **D** ☒ Change ☐ Addition
NAME **Donald G. Southwell**
STREET ADDRESS **One East Wacker Dr.**
CITY-ST-ZIP **Chicago, IL 60601**

TITLE **D** ☒ Change ☐ Addition
NAME **David R. Bengston**
STREET ADDRESS **One East Wacker Dr.**
CITY-ST-ZIP **Chicago, IL 60601**

TITLE **D** ☒ Change ☐ Addition
NAME **Eric J. Draut**
STREET ADDRESS **One East Wacker Dr.**
CITY-ST-ZIP **Chicago, IL 60601**

12. 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 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE:

Edwin P. Schultz

EDWIN P. SCHULTZ

7/12/04

904-245-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

44048981
F98000005017

Title: V

Name: Thomas S. McDaniel

Street Address: 5210 Belfort Rd. Suite 120

City-St-Zip: Jacksonville, FL 32256

Title: V

Name: Steven D. Robinson

Street Address: 5210 Belfort Rd. Suite 120

City-St-Zip: Jacksonville, FL 32256