

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90186 046 ***150.00

DOCUMENT # F98000005017

1. Entity Name
KEMPER INDEPENDENCE INSURANCE COMPANY



Principal Place of Business
**5210 BELFORT RD
STE 120
JACKSONVILLE, FL 32256 US**

Mailing Address
**5210 BELFORT RD
STE 120
JACKSONVILLE, FL 32256 US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

04152005 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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **HAMMOND, DALE S**
STREET ADDRESS **5210 BELFORT RD STE 120**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **P** ☐ Change ☒ Addition
NAME **MCDANIEL, THOMAS S**
STREET ADDRESS **5210 BELFORT RD, STE 120**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **V** ☐ Delete
NAME **ANDREWS, STEVEN S**
STREET ADDRESS **5210 BELFORT RD STE 120**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

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

TITLE **S** ☒ Delete
NAME **SCHULT, EDWIN P**
STREET ADDRESS **5210 BELFORT RD STE 120**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **ST** ☐ Change ☒ Addition
NAME **ROBERTS, CLARK H**
STREET ADDRESS **5210 BELFORT RD, STE 120**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **D** ☐ Delete
NAME **SOUTHWELL, DONALD G**
STREET ADDRESS **ONE EAST WACKER DR**
CITY-ST-ZIP **CHICAGO, IL 60601**

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

TITLE **D** ☐ Delete
NAME **BENGSTON, DAVID F**
STREET ADDRESS **ONE EAST WACKER DR**
CITY-ST-ZIP **CHICAGO, IL 60601**

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

TITLE **D** ☐ Delete
NAME **DRAUT, ERIC J**
STREET ADDRESS **ONE EAST WACKER DR**
CITY-ST-ZIP **CHICAGO, IL 60601**

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

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, with all other like empowered.

SIGNATURE: Clark H. Roberts **CLARK ROBERTS** **4/18/2005** **(904) 245-5600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

14004355
#F98000005017

Title: V

Name: Steven D. Robinson

Street Address: 5210 Belfort Rd, Suite 120

City-St-Zip: Jacksonville, FL 32256

Title: V

Name: Keith D. Sievers

Street Address: 5210 Belfort Rd, Suite 120

City-St-Zip: Jacksonville, FL 32256