2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005017

Entity Name: KEMPER INDEPENDENCE INSURANCE COMPANY

FILED Jan 26, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
5210 BELFORT RD STE 120 JACKSONVILLE, FL 32256 US			12926 GRAN BAY PARKWAY WEST JACKSONVILLE, FL 32258 US		
Current Mailing Address:			New Mailing Address:		
5210 BELFORT RD STE 120 JACKSONVILLE, FL 32256 US			12926 GRAN BAY PARKWAY WEST JACKSONVILLE, FL 32258 US		
FEI Number: 36-4230019 FEI Number Applied For () FEI Number			mber Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US					
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:					
Electronic Signature of Registered Agent Date					
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () Dele SCHULTE, JAMES A 5210 BELFORT RD JACKSONVILLE, FL	STE 120	Title: Name: Address: City-St-Zip:	P (X) Change () Addition SCHULTE, JAMES A 12926 GRAN BAY PARKWAY WEST JACKSONVILLE, FL 32258	
Title: Name: Address: City-St-Zip:	V () Dele ANDREWS, STEVE 5210 BELFORT RD JACKSONVILLE, FL	NS STE 120	Title: Name: Address: City-St-Zip:	V (X) Change () Addition ANDREWS, STEVEN S 12926 GRAN BAY PARKWAY WEST JACKSONVILLE, FL 32258	
Title: Name: Address: City-St-Zip:	T () Dele ROBERTS, CLARK I 5210 BELFORT RO JACKSONVILLE, FL	H. AD, SUITE 120	Title: Name: Address: City-St-Zip:	A (X) Change () Addition ROBERTS, CLARK 12926 GRAN BAY PARKWAY WEST JACKSONVILLE, FL 32258	
Title: Name: Address: City-St-Zip:	D () Dele SOUTHWELL, DON, ONE EAST WACKE CHICAGO, IL 6060	ALD G R DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Dele BENGSTON, DAVID ONE EAST WACKEI CHICAGO, IL 6060	F R DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Dele DRAUT, ERIC J ONE EAST WACKEI CHICAGO, IL 6060	R DR	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARK ROBERTS A 01/26/2009