

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005017

FILED
Mar 15, 2011
Secretary of State

Entity Name: KEMPER INDEPENDENCE INSURANCE COMPANY

Current Principal Place of Business:

12926 GRAN BAY PARKWAY WEST
JACKSONVILLE, FL 32258 US

New Principal Place of Business:

Current Mailing Address:

12926 GRAN BAY PARKWAY WEST
JACKSONVILLE, FL 32258 US

New Mailing Address:

FEI Number: 36-4230019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CB
Name: SCHULTE, JAMES A
Address: 12926 GRAN BAY PARKWAY WEST
City-St-Zip: JACKSONVILLE, FL 32258

Title: P
Name: LYNCH, DENISE I
Address: 12926 GRAN BAY PARKWAY WEST
City-St-Zip: JACKSONVILLE, FL 32258

Title: AT
Name: ROBERTS, CLARK
Address: 12926 GRAN BAY PARKWAY WEST
City-St-Zip: JACKSONVILLE, FL 32258

Title: D
Name: LYNCH, DENISE I
Address: 12926 GRAN BAY PARKWAY WEST
City-St-Zip: JACKSONVILLE, FL 32258

Title: D
Name: ROESKE, RICHARD
Address: ONE EAST WACKER DR
City-St-Zip: CHICAGO, IL 60601

Title: D
Name: SCHULTE, JAMES A
Address: 12926 GRAN BAY PARKWAY WEST
City-St-Zip: JACKSONVILLE, FL 32258

I hereby 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 all other like empowered.

SIGNATURE: CLARK H ROBERTS

AT

03/15/2011

Electronic Signature of Signing Officer or Director

Date