## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F98000005017



## FILED Mar 14, 2003 8:00 am Secretary of State 03-14-2003 90056 046 \*\*\*150.00

1. Entity Nam	e		/   [					
KEMPE COMPA	R INDEPENDENCE ANY	INSURANCE				8005475	a d	
	DO NOT WRIT				·	0000110	73	
	lace of Business ST WACKER		3. Mailing Address 5220 BELFORT ROAD					
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc. SUITE 200			DO NOT WRITE IN THIS SPACE		
City & Stat		City & State JACKSON\	City & State JACKSONVILLE			36-4230019		Applied For Not Applicable
Zip 60601	Country U.S.	Zip FL	Country US	7	5. Certificate of	Status Desired	<b>\$8.75</b> Fee Requ	Additional uired
						iress of Current Registe		
	received the second or respective.	artender alled		Name-THE IN	NSURANCE-	COMMISSIONER	. · ·	
	DO NOT V	and the first transaction to		Street Address (	P.O. Box Number i	s Not Acceptable)		
	IN THIS S	PACE		THE CAPIT	OL			
				City TALLAH	IASSEE	F	L Zip C 323	ode <b>99</b>
	named entity submits this statement	t for the purpose of ch	anging its registered	office or register	ed agent, or both,	in the State of Florida. I a	ım famillar wi	th, and accept
the obligat	ions of registered agent.	•						
ŞIGNATURE .	Signature, typed or printed nan-e of registered ag	ent and title if applicable.	(NOTE: Registered A	igent signature required	when reinstating)	DAT	TÆ	
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department	of State	- · · •			on Campaign Financing Fund Contribution.		5.00 May Be ded to Fees
10.	AND THE PERSON OF THE PERSON O	ND DIRECTORS	in the second					
TITLE NAME STREET ADDRESS GITY-ST-ZIP	SEE ATTACHED		Tille Jame Street Colys	Address: D-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TATLE NAME STREET GITY'S	ADDRESS T-ZIP				
TITLE NAME STREET ADDRESS GITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	TITLE NAME STEET ONLY	ADDRESS.	'DC	NOT WE	RITE'	
TITLE NAME STREET AODRESS	A 4400 (400 (400 (400 (400 (400 (400 (40	,	TITLE NAME:	ADDRESS	IN	THIS SPA	ACE:	
CITY-ST-ZIP			Chy+\$	ggantellistette bir inig terst				
TITLE			TILE					
NAME STREET ADDRESS			81. X2814 1411	ADDRESS				
CITY-ST-ZIP			C#Y-S					
NAME	b		TELLE NAME					
STREET ADDRESS			STREET	ADDRESS .				
CITY-ST-ZIP		-	cny s	· · · · · · · · · · · · · · · · · · ·				
	certify that the information supplied violential repo	with this filling does not rt is true and accurate	-2- 3480	· · · · · · · · · · · · · · · · · · ·	ection 119.07(3)(i), same legal effect a	Florida Statutes. I further is if made under oath, thr	certify that that I am an off	ne informatic cer or direct

of the corporation or the receiver or trustee empowered to attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Attachment \$6054754 #F98000005017

## Kemper Independence EIN: 36-4230019 **List of Officers and Directors**

OFFICE	NAME	NUMBER AND STREET	CITY AND STATE
President	Dale S. Hammond	1158 Salt Creek Drive	Ponte Vedra Beach, FL 32082
Vice President	Steven S. Andrews	366 Royal Tern Court	Ponte Vedra Beach, FL 32082
Secretary	Edwin P. Schultz	521 Caraway Court	Jacksonville, FL 32259
Treasurer	Edwin P. Schultz	521 Caraway Court	Jacksonville, FL 32259
Director	Donald G. Southwell	33W646 White Thorn Road	Wayne, IL 60184
Director	David F. Bengston	412 Blackberry Drive	Woodstock, IL 60098
Director	Eric J. Draut	524 S. Banbury Road	Arlington Heights, IL 60005