

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000535

FILED
Jan 13, 2004
Secretary of State

Entity Name: KEMPER WARRANTY SOLUTIONS, LLC

Current Principal Place of Business:

650 MISSOURI AVE.
JEFFERSONVILLE, IN 47130

New Principal Place of Business:

Current Mailing Address:

650 MISSOURI AVE.
JEFFERSONVILLE, IN 47130

New Mailing Address:

FEI Number: 35-2155025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ROBBINS, LANSDON B CEO
Address: 650 MISSOURI AVE
City-St-Zip: JEFFERSONVILLE, IN 47130 US

Title: MGR () Delete
Name: CALLAHAN, KEVIN M PRES
Address: 650 MISSOURI AVE
City-St-Zip: JEFFERSONVILLE, IN 47130 US

Title: MGR () Delete
Name: SCHWERTLEY, E WAYNE CFO
Address: 650 MISSOURI AVE
City-St-Zip: JEFFERSONVILLE, IN 47130 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KEVIN M CALLAHAN

MGR

01/13/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date