2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P26864

1. Entity Name
KEMPER EMPLOYERS INSURANCE COMPANY

FILED
02 APR 12 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
ONE KEMPER DRIVE LONG GROVE IL 60049 US	ONE KEMPER DRIVE LONG GROVE IL 60049 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 43-1436329 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PASQUALETTO, JOHN G ONE KEMPER DRIVE LONG GROVE IL 60049	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HAMES, ROBERT ONE KEMPER DRIVE LONG GROVE IL 60049	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CONWAY, JOHN K ONE KEMPER DRIVE LONG GROVE IL 60049	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300005257383--6
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FINELLI, MICHAEL A JR ONE KEMPER DRIVE LONG GROVE IL 60049	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOSEPHSON, MURAL R ONE KEMPER DRIVE LONG GROVE IL 60049	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATHIS, DAVID B ONE KEMPER DRIVE LONG GROVE IL 60049	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED John K. Conway 4/8/02 (847) 320-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)

Zal2

ACCOUNT NO. : 072100000032

REFERENCE : 521414 4728366

AUTHORIZATION : Patricia Pyzyt

COST LIMIT : $ 150.00

ORDER DATE : April 10, 2002

ORDER TIME : 11:39 AM

ORDER NO. : 521414-035

CUSTOMER NO: 4728366

CUSTOMER: Ms. Susan Wilson
Kemper
Legal Dept C-3
1 Kemper Drive
Long Grove, IL 60049

RECEIVED
02 APR 12 PM 12:08
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: KEMPER EMPLOYERS INSURANCE COMPANY

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: _____