2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005017

Entity Name: KEMPER INDEPENDENCE INSURANCE COMPANY

FILED Feb 29, 2024 Secretary of State 8005181185CC

Current Principal Place of Business:

200 EAST RANDOLPH STREET SUITE 3300

CHICAGO, IL 60601

Current Mailing Address:

5555 GATE PARKWAY SUITE 500 JACKSONVILLE, FL 32256 US

FEI Number: 36-4230019 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: KRISTIN BOLDEN, ASSISTANT SECRETARY

02/29/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

SUITE 3300

Title DIRECTOR Title PRESIDENT

Name OTIS. ROBERT F. Name OTIS. ROBERT F.

Address 200 EAST RANDOLPH STREET Address 200 EAST RANDOLPH STREET

SUITE 3300

City-State-Zip: CHICAGO IL 60601 City-State-Zip: CHICAGO IL 60601

Title CHAIRMAN OF THE BOARD Title DIRECTOR

Name OTIS, ROBERT F. Name MCGILL, TROY J.

Address 200 EAST RANDOLPH STREET Address 200 EAST RANDOLPH STREET

SUITE 3300 SUITE 3300

City-State-Zip: CHICAGO IL 60601 City-State-Zip: CHICAGO IL 60601

Title SECRETARY Title DIRECTOR

Name ISOLA, CHRISTOPHER D. DELL Name ISOLA, CHRISTOPHER D. DELL Address 200 EAST RANDOLPH STREET Address 200 EAST RANDOLPH STREET

SUITE 3300 SUITE 3300

City-State-Zip: CHICAGO IL 60601 City-State-Zip: CHICAGO IL 60601

Title TREASURER Title DIRECTOR

Name ERICKSON, RYAN E. Name PRESTEGAARD, MICHAEL E.

Address 200 EAST RANDOLPH STREET Address 200 EAST RANDOLPH STREET

SUITE 3300 SUITE 3300

City-State-Zip: CHICAGO IL 60601 City-State-Zip: CHICAGO IL 60601

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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: CHRISTOPHER D. DELL ISOLA

SECRETARY

02/29/2024

Officer/Director Detail Continued:

Title ۷P

Name ISOLA, CHRISTOPHER D.

200 EAST RANDOLPH STREET SUITE 3300 Address

City-State-Zip: CHICAGO IL 60601