

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P26864

1. Corporation Name

KEMPER EMPLOYERS INSURANCE COMPANY

Principal Place of Business

Mailing Address

518 STUYVESANT AVE  
LYNDHURST NJ 07071  
US

518 STUYVESANT AVE  
LYNDHURST NJ 07071  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

One Kemper Drive

One Kemper Drive

City & State  
Long Grove, IL

City & State  
Long Grove, IL

Zip  
60049

Country  
USA

Zip  
60049

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/13/1989

5. FEI Number

43-1436329

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	PASQUALETTO, JAMES G	518 STUYVESANT AVENUE	LYNDHURST NJ
	PASQUALETTO, JOHN G	One Kemper Drive	Long Grove, IL 60049
VP	HAMES, ROBERT	ONE KEMPER DRIVE	LONG GROVE IL 60049
S	CONWAY, JOHN K	ONE KEMPER DRIVE	LONG GROVE IL 60049
T	FINELLI, MICHAEL A JR	ONE KEMPER DRIVE	LONG GROVE IL 60049
D	JOSEPHSON, MURAL R	ONE KEMPER DRIVE	LONG GROVE IL 60049
D	MATHIS, DAVID B	ONE KEMPER DRIVE	LONG GROVE IL 60049

8. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Corporation Service Company  
Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street  
Suite, Apt. #, Etc.

City  
Tallahassee

State  
FL

Zip Code  
32301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

10/15/01

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

900004645339--6

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John K. Conway, Secretary

10/15/01 (847) 320-2000

Date

Daytime Phone #

CR2E040 (8/01)



*paperwork*

ACCOUNT NO. : 072100000032  
REFERENCE : 073183 4728366  
AUTHORIZATION : *Patricia Kyzio*  
COST LIMIT : \$ 750.0

ORDER DATE : October 18, 2001

ORDER TIME : 10:23 AM

ORDER NO. : 073183-005

CUSTOMER NO: 4728366

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

RECEIVED  
01 OCT 19 AM 11:34  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: KEMPER EMPLOYERS INSURANCE  
COMPANY

XX REINSTATEMENT

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