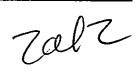
2002 UNIFORM BUSINESS REPORT (UBR) wants att still 1821 4 little branch DOCUMENT # Eatity Năme FILED KEMPER EMPLOYERS INSURANCE COMPANY 02 APR 12 PM 1:49 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA ONE KEMPER DRIVE ONE KEMPER DRIVE LONG GROVE IL 60049 LONG GROVE IL 60049 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 43-1436329 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **INSURANCE COMMISSIONER** Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL **TALLAHASSEE FL 32301** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 CR2E034 (9/01) ☐ Delete TITLE ☐ Change ☐ Addition PASQUALETTO, JOHN G NAME STREET ADDRESS ONE KEMPER DRIVE STREET ADDRESS LONG GROVE IL 60049 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME HAMES, ROBERT STREET ADDRESS STREET ADDRESS ONE KEMPER DRIVE CITY-ST-ZIP CITY-ST-ZIP **LONG GROVE IL 60049** Delete TITI F TITLE ☐ Change ☐ Addition NAME CONWAY, JOHN K NAME 300005257383-STREET ADDRESS ONE KEMPER DRIVE STREET ADDRESS CITY-ST-7IE LONG GROVE IL 60049 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FINELLI, MICHAEL A JR NAME STREET ADDRESS ONE KEMPER DRIVE STREET ADDRESS LONG GROVE IL 60049 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME JOSEPHSON, MURAL R NAME STREET ADDRESS ONE KEMPER DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONG GROVE IL 60049 ☐ Delete TITLE ☐ Change Addition Addition NAME MATHIS, DAVID B NAME STREET ADDRESS ONE KEMPER DRIVE STREET ADDRESS CITY-ST-ZIP LONG GROVE IL 60049 CITY-ST-ZIP 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 John K. Conway 4/8/02 (847) 320–2000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #





ACCOUNT NO. : 072100000032

REFERENCE :

521414

4728366

AUTHORIZATION :

COST LIMIT : \$ 150.0

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

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:

RECENE WE OR