

1.) CORPORATION NAME: <b>KEMPER INDEPENDENCE INSURANCE COMPANY</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM          4701 COX RD STE 301          GLEN ALLEN, VA</b>	DUE DATE: <b>9/30/2013</b>  SCC ID NO: <b>F1393844</b>  5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100,000
CLASS	AUTHORIZED				
COMMON	100,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>					
4.) STATE OR COUNTRY OF INCORPORATION: <b>IL</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 12926 GRAN BAY PKWY WEST  CITY/ST/ZIP: JACKSONVILLE, FL 32258
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7.) DIRECTORS AND PRINCIPAL OFFICERS:	All directors and principal officers must be listed. An individual may be designated as both a director and an officer.
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NAME: ANDREA E JONES TITLE: PRESIDENT ADDRESS: 12926 GRAN BAY PKWY WEST CITY/ST/ZIP/CO: JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: JOANNE M MACKEY TITLE: VP/SECETARY ADDRESS: 12926 GRAN BAY PARKWAY WEST CITY/ST/ZIP/CO: JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: SHAWN CRAWFORD TITLE: VICE PRESIDENT ADDRESS: 12926 GRAN BAY PKY W CITY/ST/ZIP/CO: JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: DENISE I LYNCH TITLE: CHAIRMAN ADDRESS: ONE EAST WACKER DRIVE SUITE 3700 CITY/ST/ZIP/CO: CHICAGO, IL 60601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: RICHARD ROESKE TITLE: DIRECTOR ADDRESS: ONE EAST WACKER DRIVE CITY/ST/ZIP/CO: CHICAGO, IL 60601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ANDREA E JONES	ANDREA E JONES, PRESIDENT	9/16/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.