2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address

SIGNATURE

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # F98000005015** 04-26-2004 90544 017 ***150.00 KEMPER AKMO EXHONE INSURANCE XXXIMPANYXX Unitrin Direct Property & Casualty Company Principal Place of Business Mailing Address ONE EAST WACKER DRIVE ONE EAST WACKER DRIVE 14007984 CHICAGO, IL 60601 CHICAGO, IL 60601 2. Principal Place of Business 3. Mailing Address One East Wacker Drive 2790 Business Park Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For Chicagos, IL Vista, CA 36-4230008 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 92081 <u>60601</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 Zip Code FI 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees COST TODER 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CEO TITLE TITLE Delete ☐ Change Addition CARTER, SCOTT NMI NAME NAME 2790 BUSINESS PARK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VISTA, CA 92083 CITY-ST-ZIP S ☐ Delete TITLE TITLE Change ☐ Addition NAME DANN, TERESE L NAME STREET ADDRESS 2790 BUSINESS PARK DR STREET ADDRESS CITY-ST-7/P CITY-ST-7IP VISTA, CA 92083 TITLE Delete ---TITLE ---Change . Addition -CRUMBAKER, BRIAN R NAME NAME STREET ADDRESS 2790 BUSINESS PARK DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VISTA, CA 92083 TITLE XX Delete TITLE ☐ Change ☐ Addition ROBBINS, LAURA E NAME STREET ADDRESS 2790 BUSINESS PARK DR STREET ADDRESS CITY-ST-7IP VISTA, CA 92083 CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition DRAUT, ERIC J NAME NAME STREET ADDRESS ONE EAST WACKER DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO, IL 60601 TITLE Delete TITLE Change ☐ Addition SOUTHWELL, DONALD G NAME NAME ONE EAST WACKER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60601 CITY-ST-ZIP 12. 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 empoyeded to execute this report as required by Chapter 607, Florida Statutes; and that my name-appears in Block 10 or Block 11:if-

her like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terese Lynn Dann

FILED

760-597-4600

Daytime Phone #