

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000005015

1. Entity Name

UNITRIN DIRECT PROPERTY & CASUALTY COMPANY



Principal Place of Business

ONE EAST WACKER DRIVE
CHICAGO, IL 60601 US

Mailing Address

2790 BUSINESS PARK DRIVE
VISTA, CA 92081 US



04112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4230008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000533272
05/06/06-80117-011 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEO
CARTER, SCOTT NMI
2790 BUSINESS PARK DR
VISTA, CA 92083

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
DANN, TERESE L
2790 BUSINESS PARK DR
VISTA, CA 92083

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
CRUMBAKER, BRIAN R
2790 BUSINESS PARK DR
VISTA, CA 92083

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DRAUT, ERIC J
ONE EAST WACKER DRIVE
CHICAGO, IL 60601

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SOUTHWELL, DONALD G
ONE EAST WACKER DRIVE
CHICAGO, IL 60601

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terese Lynn Dann

4/11/06

Date

760-599-4700

Daytime Phone #