

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90004 029 ***550.00

54062472



DOCUMENT # P04560
 1. Entity Name
UNITRIN AUTO AND HOME INSURANCE COMPANY



Principal Place of Business: **5220 BELFORT RD STE 200 JACKSONVILLE, FL 32256**
 Mailing Address: **5220 BELFORT RD STE 200 JACKSONVILLE, FL 32256**

2. Principal Place of Business: **5210 Belfort Rd. Suite 120 Jacksonville, FL 32250 US**
 3. Mailing Address: **5210 Belfort Rd. Suite 120 Jacksonville, FL 32250 US**

07082004 Chg-P CR2E034 (10/03)

4. FEI Number: **52-0643036**
 Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
COMMISSIONER OF INSURANCE THE CAPITOL TALLAHASSEE, FL 32399

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: **FL** Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: HAMMOND, DALE S STREET ADDRESS: 1158 SALT CREEK DRIVE CITY-ST-ZIP: PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete	TITLE: P NAME: Dale S. Hammond STREET ADDRESS: 5210 Belfort Rd. Suite 120 CITY-ST-ZIP: Jacksonville, FL 32250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: ANDREWS, STEVEN S STREET ADDRESS: 366 ROYAL TERN COURT CITY-ST-ZIP: PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete	TITLE: V NAME: Steven S. Andrews STREET ADDRESS: 5210 Belfort Rd. Suite 120 CITY-ST-ZIP: Jacksonville, FL 32250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: SCHULTZ, EDWIN P STREET ADDRESS: 521 CARAWAY COURT CITY-ST-ZIP: JACKSONVILLE, FL 322593526	<input type="checkbox"/> Delete	TITLE: ST NAME: Edwin P. Schultz STREET ADDRESS: 5210 Belfort Rd. Suite 120 CITY-ST-ZIP: Jacksonville, FL 32250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SOUTHWELL, DONALD G STREET ADDRESS: 33W646 WHITE THORN ROAD CITY-ST-ZIP: WAYNE, IL 60184	<input type="checkbox"/> Delete	TITLE: D NAME: Donald G. Southwell STREET ADDRESS: one East wacker Dr. CITY-ST-ZIP: Chicago, IL 60601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BENGSTON, DAVID F STREET ADDRESS: 412 BLACKBERRY DRIVE CITY-ST-ZIP: WOODSTOCK, IL 60098	<input type="checkbox"/> Delete	TITLE: D NAME: David Bengston STREET ADDRESS: one East wacker Dr. CITY-ST-ZIP: Chicago, IL 60601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: DRAUT, ERIC J STREET ADDRESS: 524 S. BANBURY ROAD CITY-ST-ZIP: ARLINGTON HEIGHTS, IL 60005	<input type="checkbox"/> Delete	TITLE: D NAME: Eric J. Draut STREET ADDRESS: one East wacker Dr. CITY-ST-ZIP: Chicago, IL 60601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: Edwin P. Schultz **EDWIN P. SCHULTZ** 7/8/04 904-245-5600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

54062472
P04560

Title: D
Name: John M. Boschelli
Street Address: One East Wacker Dr.
City-St-Zip: Chicago, IL 60601

Title: D
Name: Daniel A. Cotter
Street Address: One East Wacker Dr.
City-St-Zip: Chicago, IL 60601

Title: D
Name: Samuel L. Fitzpatrick
Street Address: One East Wacker Dr.
City-St-Zip: Chicago, IL 60601

Title: D
Name: Edward J. Konar
Street Address: One East Wacker Dr.
City-St-Zip: Chicago, IL 60601

Title: D
Name: Scott Renwick
Street Address: One East Wacker Dr.
City-St-Zip: Chicago, IL 60601

Title: D
Name: Richard Roeske
Street Address: One East Wacker Dr.
City-St-Zip: Chicago, IL 60601

Title: D
Name: Christine M. Doherty
Street Address: 5784 Widewaters Parkway.
City-St-Zip: Dewitt, NY 13214

Title: D
Name: Rosanne C. Fallon
Street Address: 5784 Widewaters Parkway.
City-St-Zip: Dewitt, NY 13214

Title: D
Name: Patrick B. Gillson
Street Address: 5784 Widewaters Parkway.
City-St-Zip: Dewitt, NY 13214