

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90056 047 ***150.00

DOCUMENT # P04560

1. Entity Name

~~GENERAL SECURITY INSURANCE COMPANY~~

UNITRIN AUTO AND HOME Insurance Company



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5220 BELFORT ROAD

3. Mailing Address
5220 BELFORT ROAD

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32256

Country

DUVAL

Zip

32256

Country

DUVAL

4. FEI Number 52-1752227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name COMMISSIONER OF INSURANCE

Street Address (P.O. Box Number is Not Acceptable)

THE CAPITOL

City TALLAHASSEE

FL

Zip Code
32399

**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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

SEE ATTACHED

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Edwin P. Schuff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/03
Date

Daytime Phone #

CR2E034B (12/02)

Attachment

86054753
#P04560

GENERAL SECURITY INSURANCE COMPANY

EIN: 57-1752227

List of Officers and Directors

OFFICE	NAME	NUMBER AND STREET	CITY AND STATE
President	Dale S. Hammond	1158 Salt Creek Drive	Ponte Vedra Beach, FL 32082
Vice President	Steven S. Andrews	366 Royal Tern Court	Ponte Vedra Beach, FL 32082
Secretary	Edwin P. Schultz	521 Caraway Court	Jacksonville, FL 32259
Treasurer	Edwin P. Schultz	521 Caraway Court	Jacksonville, FL 32259
Director	Donald G. Southwell	33W646 White Thorn Road	Wayne, IL 60184
Director	David F. Bengston	412 Blackberry Drive	Woodstock, IL 60098
Director	Eric J. Draut	524 S. Banbury Road	Arlington Heights, IL 60005