

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90186 045 ***150.00

14004356



DOCUMENT # P04560 1. Entity Name UNITRIN AUTO AND HOME INSURANCE COMPANY					
Principal Place of Business 5210 BELFORT RD STE 120 JACKSONVILLE, FL 32256			Mailing Address 5210 BELFORT RD STE 120 JACKSONVILLE, FL 32256		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number 52-0643036				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMMOND, DALE S 5210 BELFORT RD STE 120 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCDANIEL, THOMAS S 5210 BELFORT RD, STE 120 JACKSONVILLE, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDREWS, STEVEN S 5210 BELFORT RD STE 120 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHULTZ, EDWIN P 5210 BELFORT RD STE 120 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROBERTS, CLARK H 5210 BELFORT RD, STE 120 JACKSONVILLE, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUTHWELL, DONALD G ONE EAST WACKER DR CHICAGO, IL 60601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENGSTON, DAVID F ONE EAST WACKER DR CHICAGO, IL 60601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAUT, ERIC J ONE EAST WACKER DR CHICAGO, IL 60601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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: <u>Clark H. Roberts</u> CLARK ROBERTS <u>4/18/2005</u> <u>(904) 245-5600</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

14004356
P045600

Title: D
Name: John M. Boschelli
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: Edward J. Konar
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: 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

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14004356
P04560

Title: V
Name: Steven D. Robinson
Street Address: 5210 Belfort Rd, Suite 120
City-St-Zip: Jacksonville, FL 32256

Title: V
Name: Keith D. Sievers
Street Address: 5210 Belfort Rd, Suite 120
City-St-Zip: Jacksonville, FL 32256