2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04560

Apr 10, 2012 Secretary of State

Entity Name: UNITRIN AUTO AND HOME INSURANCE COMPANY

Current Principal Place of Business: New Principal Place of Business:

12926 GRAN BAY PARKWAY WEST JACKSONVILLE, FL 32258

Current Mailing Address: New Mailing Address:

12926 GRAN BAY PARKWAY WEST JACKSONVILLE, FL 32258

FEI Number: 52-1752227 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COMMISSIONER OF INSURANCE THE CAPITOL TALLAHASSEE, FL 32399

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

Name: SCHULTE, JAMES A

12926 GRAN BAY PARKWAY WEST Address: City-St-Zip: JACKSONVILLE, FL 32258

Title: AVP

ROBERTS, CLARK H Name:

12926 GRAN BAY PARKWAY WEST Address:

JACKSONVILLE, FL 32258 City-St-Zip:

Title:

LYNCH, DENISE I Name:

12926 GRAN BAY PARKWAY WEST Address:

City-St-Zip: JACKSONVILLE, FL 32258

Title:

BOSCHELLI, JOHN M Name: Address: ONE EAST WACKER DR City-St-Zip: CHICAGO, IL 60601

Title:

Name: MACKEY, JOANNE M

12926 GRAN BAY PARKWAY WEST Address:

City-St-Zip: JACKSONVILLE, FL 32258

Title:

Name: LYNCH, DENISE I

12926 GRAN BAY PARKWAY WEST Address: City-St-Zip: JACKSONVILLE, FL 32258

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CLARK H ROBERTS **AVP** 04/10/2012