

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04560

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC2456826638**

**Entity Name:** UNITRIN AUTO AND HOME INSURANCE COMPANY

**Current Principal Place of Business:**

12926 GRAN BAY PARKWAY WEST  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

12926 GRAN BAY PARKWAY WEST  
JACKSONVILLE, FL 32258

**FEI Number:** 52-1752227

**Certificate of Status Desired:** No

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

COMMISSIONER OF INSURANCE  
THE CAPITOL  
TALLAHASSEE, FL 32399 US

*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

**Officer/Director Detail :**

Title AVP, AT  
Name ROBERTS, CLARK H  
Address 12926 GRAN BAY PARKWAY WEST  
City-State-Zip: JACKSONVILLE FL 32258

Title CHAIRMAN  
Name LYNCH, DENISE I  
Address ONE EAST WACKER DRIVE  
SUITE 1500  
City-State-Zip: CHICAGO IL 60601

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

Title TREASURER  
Name SANDLIN, BRIAN TODD  
Address 12926 GRAN BAY PARKWAY WEST  
City-State-Zip: JACKSONVILLE FL 32258

Title D  
Name MOSES, CHRISTOPHER L  
Address ONE EAST WACKER DRIVE  
SUITE 1500  
City-State-Zip: CHICAGO IL 60601

*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

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date