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	: JENIFER VINCENT			04/18/2017
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	SECRETARY	
Name	BOSCHELLI, JOHN M	Name	WOOD, KAREN B	
Address	ONE EAST WACKER DRIVE	Address	12926 GRAN BAY PARKWAY WE	ST
	SUITE 3700	City-State-Zip:	JACKSONVILLE FL 32258	
City-State-Zip:	CHICAGO IL 60601			
Title	DIRECTOR	Title	CHAIRMAN	
Name	MINDAK, MAXWELL T	Name	BOSCHELLI, JOHN M	
Address	ONE EAST WACKER DR SUITE 3700 CHICAGO IL 60601	Address	ONE EAST WACKER DR. SUITE 3700	
City-State-Zip:		City-State-Zip:	CHICAGO IL 60601	

**Current Mailing Address:** 

12926 GRAN BAY PARKWAY WEST JACKSONVILLE, FL 32258

12926 GRAN BAY PARKWAY WEST JACKSONVILLE, FL 32258

**Current Principal Place of Business:** 

## FEI Number: 52-1752227

### Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

# 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

Electronic Signature of Signing Officer/Director Detail

#### 04/18/2017 AVP/ASST. TREASURER

Certificate of Status Desired: No

FILED Apr 18, 2017 Secretary of State CC8542948203

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P04560

Entity Name: UNITRIN AUTO AND HOME INSURANCE COMPANY

I hereby certify that the information indicated on this report or supplemental report is true and accurate and

Date