

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04560

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

Title	P
Name	LYNCH, DENISE I
Address	12926 GRAN BAY PARKWAY WEST
City-State-Zip:	JACKSONVILLE FL 32258

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

Title	S
Name	MACKEY, JOANNE M
Address	12926 GRAN BAY PARKWAY WEST
City-State-Zip:	JACKSONVILLE FL 32258

Title	D
Name	LYNCH, DENISE I
Address	12926 GRAN BAY PARKWAY WEST
City-State-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

04/12/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date