


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000003640 1. Entity Name UNITRIN DIRECT INSURANCE COMPANY	
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Principal Place of Business ONE EAST WACKER DRIVE CHICAGO, IL 60601	Mailing Address 2790 BUSINESS PARK DRIVE VISTA, CA 92081
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05042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4013825	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARTER, SCOTT ONE EAST WACKER DR CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CRUNBAKER, BRIAN B 2790 BUSINESS PARK DRIVE VISTA, CA 92083
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DANN, TERESE LYNN 2790 BUSINESS PARK DRIVE VISTA, CA 92083
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD SOUTHWELL, DONALD G ONE EAST WACKER DRIVE CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENGSTON, DAVID F ONE EAST WACKER DRIVE CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DRAUT, ERIC J ONE EAST WACKER DRIVE CHICAGO, IL 60601

**DO NOT WRITE
IN THIS SPACE**

UD00000367642
05/19/05-80005-006 \$50.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Terese Lynn Dann**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/05 760-597-4600
Date Daytime Phone #