

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003640

FILED
Mar 19, 2009
Secretary of State

Entity Name: UNITRIN DIRECT INSURANCE COMPANY

Current Principal Place of Business:

ONE EAST WACKER DRIVE
CHICAGO, IL 60601

New Principal Place of Business:

Current Mailing Address:

2790 BUSINESS PARK DRIVE
VISTA, CA 92081

New Mailing Address:

ONE EAST WACKER DRIVE
CHICAGO, IL 60601

FEI Number: 36-4013825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARTER, SCOTT
Address: ONE EAST WACKER DR
City-St-Zip: CHICAGO, IL 60601

Title: SRVP () Delete
Name: ELKINS, DAVID M
Address: ONE EAST WACKER DRIVE
City-St-Zip: CHICAGO, IL 60601

Title: ST () Delete
Name: WIEBE, TIMOTHY J
Address: 2790 BUSINESS PARK DRIVE
City-St-Zip: VISTA, CA 92081

Title: CD () Delete
Name: SOUTHWELL, DONALD G
Address: ONE EAST WACKER DRIVE
City-St-Zip: CHICAGO, IL 60601

Title: D () Delete
Name: BENGSTON, DAVID F
Address: ONE EAST WACKER DRIVE
City-St-Zip: CHICAGO, IL 60601

Title: D () Delete
Name: DRAUT, ERIC J
Address: ONE EAST WACKER DRIVE
City-St-Zip: CHICAGO, IL 60601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHULTE, JAMES A
Address: 12926 GRAN BAY PARKWAY WEST
City-St-Zip: JACKSONVILLE, FL 32258

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: O'HARA, MARGARET L
Address: ONE EAST WACKER DRIVE
City-St-Zip: CHICAGO, IL 60601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARGARET L O'HARA

ST

03/19/2009

Electronic Signature of Signing Officer or Director

Date