


FILED

03 MAR 26 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 0200002951				03 MAR 26 AM 8:38	
1. Entity Name Unitrin Services Company				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business One East Wacker Drive		3. Mailing Address One East Wacker Dr			
Suite, Apt. #, etc. 1100		Suite, Apt. #, etc. 1100		DO NOT WRITE IN THIS SPACE	
City & State Chicago, IL		City & State Chicago, IL		4. FEI Number 36-4105161	
Zip 60601		Country US		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent			
		Name CT Corporation System			
		Street Address (P.O. Box Number is Not Acceptable)  1200 South Pine Island Road			
		City Plantation FL Zip Code 33324			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
SEE ATTACHED FOR COMPLETE LIST OF OFFICERS AND DIRECTORS		000014686440 03/25/03--01070--004 **150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.					
SIGNATURE: [Signature]		3/12/03			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			

# ATTACHMENT

Title Chairman & CEO  
Name Richard C. Vie  
Street Address P.O. Box 191  
City-St-Zip Lake Forest, IL 60045

Title Director  
Name Douglas G. Geoga  
Street Address 200 W. Madison 38th floor  
City-St-Zip Chicago, IL 60606

Title President & COO  
Name Donald G. Southwell  
Street Address 33W646 White Thom Rd. PO Box 1176  
City-St-Zip Wayne, IL 60184

Title Director  
Name Reuben L. Hedlund  
Street Address 55 W. Monroe St. Suite 3100  
City-St-Zip Chicago, IL 60603

Title VP and CFO  
Name Eric J. Draut  
Street Address 6 West Grove Street  
City-St-Zip Arlington Heights, IL 60005

Title Director  
Name Jerrold V. Jerome  
Street Address 41 Country Meadow Rd.  
City-St-Zip Rolling Hills Estate, CA 90274

Title VP, Secretary & General Counsel  
Name Scott Renwick  
Street Address 455 East Linden Avenue  
City-St-Zip Lake Forest, IL 60045

Title Director  
Name William E. Johnston, Jr.  
Street Address 155 N. Harbor Dr. Apt. 3412  
City-St-Zip Chicago, IL 60601

Title Vice President  
Name David F. Bengston  
Street Address 412 Blackberry Dr.  
City-St-Zip Woodstock, IL 60098

Title Director  
Name Faye S. Sarofim  
Street Address 2 Houston Center, Suite 2907  
City-St-Zip Houston, TX 77010

Title Vice President  
Name Edward J. Konar  
Street Address 1560 Persimmon Dr.  
City-St-Zip St. Charles, IL 60174

Title Director  
Name Ann E. Ziegler  
Street Address Sara Lee Corp, Three First National Plaza Suite 4700  
City-St-Zip Chicago, IL 60602

Title Vice President  
Name Richard Roeske  
Street Address 1361 Carleton Circle  
City-St-Zip Naperville, IL 60565

Title Director  
Name James E. Annable  
Street Address 1214 North Astor St.  
City-St-Zip Chicago, IL 60610

Title Treasurer  
Name John M. Boschelli  
Street Address 414 Prairieview Dr.  
City-St-Zip Geneva, IL 60134