

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # F06000001848

1. Entity Name
UNITRIN INTERNAL AUDIT SERVICES, INC.



Principal Place of Business

ONE EAST WACKER DR
CHICAGO, IL 60601

Mailing Address

ONE EAST WACKER DR
CHICAGO, IL 60601



04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0200043

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DUTCHER, JOSEPH A
STREET ADDRESS	ONE EAST WACKER DR
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	VP
NAME	BENGSTON, DAVID F
STREET ADDRESS	ONE EAST WACKER DR
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	S
NAME	RENWICK, SCOTT
STREET ADDRESS	ONE EAST WACKER DR
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	TD
NAME	DRAUT, ERIC J
STREET ADDRESS	ONE EAST WACKER DR
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	VP
NAME	KONAR, EDWARD J
STREET ADDRESS	ONE EAST WACKER DR
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/22/07-80047-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07
Date

Daytime Phone #