

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2008 08:00 AM
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
--	--

DO NOT WRITE IN THIS SPACE



07082008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0200043	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

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 _____ (NOTE: Registered Agent signature required when reinstating)

U00000956047
 07/23/08-80002-003 150.00
 DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

DO NOT WRITE 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 _____ Date _____ Daytime Phone # _____