

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # F98000005015**

1. Entity Name  
**UNITRIN DIRECT PROPERTY & CASUALTY COMPANY**



Principal Place of Business  
**ONE EAST WACKER DRIVE  
CHICAGO, IL 60601 US**

Mailing Address  
**2790 BUSINESS PARK DRIVE  
VISTA, CA 92081 US**



05042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**36-4230008**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
**CEO  
CARTER, SCOTT NMI  
2790 BUSINESS PARK DR  
VISTA, CA 92083**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
DANN, TERESE L  
2790 BUSINESS PARK DR  
VISTA, CA 92083**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
CRUMBAKER, BRIAN R  
2790 BUSINESS PARK DR  
VISTA, CA 92083**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DRAUT, ERIC J  
ONE EAST WACKER DRIVE  
CHICAGO, IL 60601**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SOUTHWELL, DONALD G  
ONE EAST WACKER DRIVE  
CHICAGO, IL 60601**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000367644  
05/19/05-80005-007 550.00

**DO NOT WRITE  
IN THIS SPACE**

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*

**Terese Lynn Dann**

**5/4/05**

**760-597-4600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone