


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P17694 1. Entity Name ALPHA PROPERTY & CASUALTY INSURANCE COMPANY	
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Principal Place of Business 21650 OXNARD ST STE 1800 WOODLAND HILLS, CA 91367 US	Mailing Address C/O UNITRIN SLI 8360 LBJ FREEWAY SUITE 400 DALLAS, TX 75243 US
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01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 39-1344101	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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MULLEN, JOHN W 8360 LBJ FREEWAY, SUITE 400 DALLAS, TX 75243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PIPER, DAVID B 8360 LBJ FREEWAY, SUITE 400 DALLAS, TX 75243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC SOUTHWELL, DONALD G ONE EAST WACKER DRIVE CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SV BAGE, LISA K 8360 LBJ FREEWAY, SUITE 400 DALLAS, TX 75243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TV LOMBARDO, PHILLIP R 8360 LBJ FREEWAY, SUITE 400 DALLAS, TX 75243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENGSTON, DAVID F ONE EAST WACKER DRIVE CHICAGO, IL 60601

**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)(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 807, 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: Philip R. Lombardo Philip R. Lombardo 1/10/05 1-800-456-1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #