FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P22537** **(5)**

1. Corporation Name
DEERBROOK INSURANCE COMPANY

Principal Place of Business	Mailing Address
2775 SANDERS RD. NORTHBROOK IL 60062	3075 SANDERS RD. STE - H1A NORTHBROOK IL 60062 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/12/1989

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number
04-2680300
☐ Applied For
☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	COB	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHOATE, JERRY DALE		1.2 NAME		
STREET ADDRESS	2775 SANDERS RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTHBROOK IL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GROOT, STEVEN LAMBERT		2.2 NAME		
STREET ADDRESS	2775 SANDERS RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTHBROOK IL		2.4 CITY-ST-ZIP		
TITLE	SVPS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PIKE, ROBERT W		3.2 NAME		
STREET ADDRESS	2775 SANDERS RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NORTHBROOK IL		3.4 CITY-ST-ZIP		
TITLE	VPC	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PILCH, SAMUEL HENRY		4.2 NAME		
STREET ADDRESS	2775 SANDERS RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	NORTHBROOK IL		4.4 CITY-ST-ZIP		
TITLE	VPC	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SYLLA, CASEY JOSEPH		5.2 NAME		
STREET ADDRESS	2775 SANDERS RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	NORTHBROOK IL		5.4 CITY-ST-ZIP		
TITLE	SVP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, THOMAS JOSEPH		6.2 NAME		
STREET ADDRESS	2775 SANDERS RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	NORTHBROOK IL		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Armand Rice 4/23/98 (847)402-5000