2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90079 007 ***150.00

DOCUMENT # P22537

1. Entity Name

DEERBROOK INSURANCE COMPANY

747895

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2775 SANDERS RD. NORTHBROOK IL 60062-6127	3075 SANDERS RD. STE - H1A NORTHBROOK IL 60062-6127 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C LIDDY, EDWARD M 2775 SANDERS RD. NORTHBROOK IL 60062	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C P LAUSIER, ERNEST A. 2775 SANDERS RD. NORTHBROOK IL 60062	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARLOW, BRUCE 2775 SANDERS RD NORTHBROOK IL 60062	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GARDNER, KAREN C. 2775 SANDERS RD NORTHBROOK IL 60062	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS PIKE, ROBERT W 2775 SANDERS RD. NORTHBROOK IL 60062	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS SULLIVAN, KEVIN T. 2775 SANDERS RD NORTHBROOK IL 60062	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PILCH, SAMUEL HENRY 2775 SANDERS RD. NORTHBROOK IL 60062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SYLLA, CASEY JOSEPH 2775 SANDERS RD. NORTHBROOK IL 60062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT ZILS, JAMES P 2775 SANDERS RD NORTHBROOK IL 60062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lynn Cirrincione Lynn Cirrincione **Authorized Representative** 4/16/01 (847) 402-3029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #