

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P15402

1. Entity Name

DEERFIELD INSURANCE COMPANY

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90111 012 \*\*\*150.00

Principal Place of Business

Mailing Address

45 WEST MAIN ST  
AVON CT 06001

55 WEST MONROE ST  
SUITE 2700  
CHICAGO IL 60603-5052  
US

2. Principal Place of Business

10 Parkway North

Suite, Apt. #, etc.

3. Mailing Address

10 Parkway North

Suite, Apt. #, etc.

City & State

Deerfield, Illinois

Zip

60015

Country

USA

City & State

Deerfield, Illinois

Zip

60015

Country

USA

4. FEI Number

42-6052413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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, 2000 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

TITLE	CD	<input type="checkbox"/> Delete
NAME	MARKEL, ANTHONY F	
STREET ADDRESS	4551 COX RD	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PHOEBUS, EDGAR W	
STREET ADDRESS	SHAND MORAHAN PLAZA	
CITY-ST-ZIP	EVANSTON IL 60201	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRANCIS, PAULA A	
STREET ADDRESS	SHAND MORAHAN PLAZA	
CITY-ST-ZIP	EVANSTON IL 60201	
TITLE	T	<input type="checkbox"/> Delete
NAME	CICHON-FEENEY, JOANNE M	
STREET ADDRESS	SHAND MORAHAN PLAZA	
CITY-ST-ZIP	EVANSTON IL 60201	
TITLE	AS	<input type="checkbox"/> Delete
NAME	NEVERS, GREGORY B	
STREET ADDRESS	4551 COX RD	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	AS	<input type="checkbox"/> Delete
NAME	PIPER, DEBRA M	
STREET ADDRESS	SHAND MORAHAN PLAZA	
CITY-ST-ZIP	EVANSTON IL 60201	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4521 Highwoods Parkway
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	10 Parkway North
CITY-ST-ZIP	Deerfield, IL 60015
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	10 Parkway North
CITY-ST-ZIP	Deerfield, IL 60015
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	10 Parkway North
CITY-ST-ZIP	Deerfield, IL 60015
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4521 Highwoods Parkway
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	10 Parkway North
CITY-ST-ZIP	Deerfield, IL 60015

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:

*Paula A. Francis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paula A. Francis

3/17/00

Date

847-572-6382

Daytime Phone #

CR2F034 (9/99)