


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P15402		
1. Entity Name DEERFIELD INSURANCE COMPANY		
Principal Place of Business 10 PARKWAY NORTH DEERFIELD, IL 60015	Mailing Address 10 PARKWAY NORTH DEERFIELD, IL 60015 US	



03292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-6052413	Applied For <input type="checkbox"/> 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
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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 resigning) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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	CD MARKEL, ANTHONY F 4521 HIGHWOODS PKWY GLEN ALLEN, VA 23060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHOEBUS, EDGAR W 10 PARKWAY N. DEERFIELD, IL 60015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANCIS, PAULA A 10 PARKWAY N. DEERFIELD, IL 60015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CICHON-FEENEY, JOANNE M 10 PARKWAY N DEERFIELD, IL 60015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NEVERS, GREGORY B 4521 HIGHWOODS PKWY GLEN ALLEN, VA 23060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PIPER, DEBRA M 10 PKWY NORTH DEERFIELD, IL 60015

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04/05/04-80033-003 150.00

**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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04

Date

847-572-6382

Daytime Phone #