



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90051 044 ***150.00

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01302008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 42-6052413	
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			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MARKEL, ANTHONY F 4521 HIGHWOODS PKWY GLEN ALLEN, VA 23060	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHOEBUS, EDGAR W 10 PARKWAY N. DEERFIELD, IL 60015	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRANCIS, PAULA A 10 PARKWAY N. DEERFIELD, IL 60015	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CICHON-FEENEY, JOANNE M 10 PARKWAY N DEERFIELD, IL 60015	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NEVERS, GREGORY B 4521 HIGHWOODS PKWY GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIPER, DEBRA M 10 PKWY NORTH DEERFIELD, IL 60015	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rozenberg, Michael A. 10 Parkway North Deerfield, IL 60015				
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
V/S Chuchel, Paul B. 10 Parkway North Deerfield, IL 60015					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
AV/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Debra M. Piper				847-572-6383	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	