

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15402

FILED  
Mar 29, 2012  
Secretary of State

Entity Name: DEERFIELD INSURANCE COMPANY

**Current Principal Place of Business:**

10 PARKWAY NORTH  
DEERFIELD, IL 60015

**New Principal Place of Business:**

**Current Mailing Address:**

10 PARKWAY NORTH  
DEERFIELD, IL 60015 US

**New Mailing Address:**

10 PARKWAY NORTH  
DEERFIELD, IL 60015

FEI Number: 42-6052413

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: AS  
Name: STURGEON, KATHLEEN A  
Address: 10 PARKWAY NORTH  
City-St-Zip: DEERFIELD, IL 60015

Title: P  
Name: CROWLEY, FRANCIS M  
Address: 4600 COX ROAD  
City-St-Zip: GLEN ALLEN, VA 23060

Title: T  
Name: WALESKI, ANNE G  
Address: 4521 HIGHWOODS PKWY  
City-St-Zip: GLEN ALLEN, VA 23060

Title: S  
Name: ROTZ, LINDA S  
Address: 4521 HIGHWOODS PKWY  
City-St-Zip: GLEN ALLEN, VA 23060

Title: AS  
Name: PIPER, DEBRA M  
Address: 10 PKWY NORTH  
City-St-Zip: DEERFIELD, IL 60015

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN A. STURGEON

AS

03/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date