

1.) CORPORATION NAME:

**DEERFIELD INSURANCE COMPANY**

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RICHARD R. GRINNAN  
4521 HIGHWOODS PARKWAY  
GLEN ALLEN, VA**

SCC ID NO: **F1303397**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10 PARKWAY NORTH

CITY/ST/ZIP: DEERFIELD, IL 60015

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	FRANCIS M CROWLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4600 COX RD		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		
NAME:	RICHARD R WHITT III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4521 HIGHWOODS PKWY		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		
NAME:	KATHLEEN A STURGEON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST S		
ADDRESS:	10 PARKWAY NORTH		
CITY/ST/ZIP/CO:	DEERFIELD, IL 60015		
NAME:	ANNE G WALESKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO & TREASURER		
ADDRESS:	4521 HIGHWOODS PKWY		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		
NAME:	RICHARD R GRINNAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4521 HIGHWOODS PKWY		
CITY/ST/ZIP/CO:	GLENN ALLEN, VA 23060		
NAME:	GERARD ALBANESE, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4521 HIGHWOODS PKWY		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOANNE M CICHON-FEENEY DIRECTOR 10 PARKWAY NORTH DEERFIELD, IL 60015	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRITTON GLISSON DIRECTOR 4521 HIGHWOODS PKWY GLEN ALLEN, VA 23060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD J HERRIG DIRECTOR 10 PARKWAY NORTH DEERFIELD, IL 60015	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRADLEY J KISCADEN DIRECTOR 10 PARKWAY NORTH DEERFIELD, IL 60015	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN A MARKEL DIRECTOR 4521 HIGHWOODS PKWY GLEN ALLEN, VA 23060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ FRANCIS M CROWLEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	FRANCIS M CROWLEY, PRESIDENT PRINTED NAME AND CORPORATE TITLE	7/14/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			