

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214543034

1.) CORPORATION NAME:

**Diamond Insurance Company**

DUE DATE: **8/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1719444**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1051 PERIMETER DR STE 1100

CITY/ST/ZIP: SCHAUMBURG, IL 60173

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.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PAUL VINCENT		
TITLE:	PRESIDENT		
ADDRESS:	1051 PERIMETER DRIVE SUITE 1100		
CITY/ST/ZIP/CO:	SCHAUMBURG, IL 60173		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JEFF DERANGO		
TITLE:	CEO		
ADDRESS:	1051 PERIMETER DR STE 1100		
CITY/ST/ZIP/CO:	SCHAUMBURG, IL 60173		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ADRIAN C GYDE		
TITLE:	CFO		
ADDRESS:	1051 PERIMETER DRIVE SUITE 1100		
CITY/ST/ZIP/CO:	SCHAUMBURG, IL 60173		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PAUL SLAMOWITZ		
TITLE:	SECRETARY		
ADDRESS:	1051 PERIMETER DR STE 1100		
CITY/ST/ZIP/CO:	SCHAUMBURG, IL 60173		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARK S DACEY		
TITLE:	DIRECTOR		
ADDRESS:	1051 PERIMETER DRIVE SUITE 1100		
CITY/ST/ZIP/CO:	SCHAUMBURG, IL 60173		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	TIMOTHY HYDER		
TITLE:	DIRECTOR		
ADDRESS:	1051 PERIMETER DRIVE SUITE 1100		
CITY/ST/ZIP/CO:	SCHAUMBURG, IL 60173		

NAME:                   TERENCE L MARTIN TITLE:                   DIRECTOR ADDRESS:               1051 PERIMETER DRIVE SUITE 1100 CITY/ST/ZIP/CO:       SCHAUMBURG, IL 60173	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME:                   DOREEN PARKS TITLE:                   DIRECTOR ADDRESS:               1051 PERIMETER DRIVE SUITE 1100 CITY/ST/ZIP/CO:       SCHAUMBURG, IL 60173	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ PAUL SLAMOWITZ	PAUL SLAMOWITZ, SECRETARY	9/16/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.