

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morley
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 814902 (3)

1. Corporation Name
ZURICH LIFE INSURANCE COMPANY OF AMERICA



Principal Place of Business Mailing Address
**1400 AMERICAN LANE
12TH FLOOR
SCHAUMBURG IL 60173-4987
US**

3. Date Incorporated or Qualified **12/02/1960** 3a. Date of Last Report **02/28/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

4. FEI Number **36-6071398** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STATE INSURANCE COMMISSIONER
CAPITOL BLDG.
STATE OF FLORIDA
TALLAHASSEE FL 32304**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CASSAVOY, JAMES	
STREET ADDRESS	1400 AMERICAN LANE	
CITY-ST-ZIP	SCHAUMBURG, IL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RITZKE, CHARLES E.	
STREET ADDRESS	1400 AMERICAN LANE	
CITY-ST-ZIP	SCHAUMBURG, IL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BLACK, PAUL E	
STREET ADDRESS	1400 AMERICAN LANE	
CITY-ST-ZIP	SCHAUMBURG, IL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RILL, PETER P.	
STREET ADDRESS	1400 AMERICAN LANE	
CITY-ST-ZIP	SCHAUMBURG IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCOTT, JOHN B.	
1.3 STREET ADDRESS	1400 AMERICAN LANE	
1.4 CITY-ST-ZIP	SCHAUMBURG, IL 60173	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HARKENSEE, JAMES C.	
2.3 STREET ADDRESS	1400 AMERICAN LANE	
2.4 CITY-ST-ZIP	SCHAUMBURG, IL 60173	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul E. Black

1/16/96

(708) 47-3793

Date Daytime Phone #

CR2E034 (12/95)