

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Mar 18 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 814902 (3)**  
1. Corporation Name:  
**ZURICH LIFE INSURANCE COMPANY OF AMERICA**



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

Mailing Address: **1400 AMERICAN LANE  
12TH FLOOR  
SCHAUMBURG IL 60173-5452  
US**

3. Date Incorporated or Qualified: **12/02/1960**      3a. Date of Last Report: **01/25/1996**

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

2. Principal Place of Business

21. **1 KEMPER DRIVE, T-1**      2a. Mailing Address: **1 KEMPER DRIVE, T-1**

22. State, Apt. #, etc.      27. Suite, Apt. #, etc.

23. City & State: **LONG GROVE, IL**      28. City & State: **LONG GROVE, IL**

24. Zip: **60049-0001**      29. Zip: **60049-0001**      30. Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOTT, JOHN B</b>	1.2 NAME	
STREET ADDRESS	<b>1400 AMERICAN LANE</b>	1.3 STREET ADDRESS	<b>1 KEMPER DRIVE, T-1</b>
CITY-STATE-ZIP	<b>SCHAUMBURG IL</b>	1.4 CITY-STATE-ZIP	<b>LONG GROVE, IL 60049-0001</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>SR. VICE PRES. &amp; CFO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HARKENSEE, JAMES C</b>	2.2 NAME	<b>FREDERICK L. BLACKMON</b>
STREET ADDRESS	<b>1400 AMERICAN LANE</b>	2.3 STREET ADDRESS	<b>1 KEMPER DRIVE, T-1</b>
CITY-STATE-ZIP	<b>SCHAUMBURG IL</b>	2.4 CITY-STATE-ZIP	<b>LONG GROVE, IL 60049-0001</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>SECRETARY, SR. V. P. GEN. COUNSEL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BLACK, PAUL E</b>	3.2 NAME	<b>DEBRA P. REZABEK</b>
STREET ADDRESS	<b>1400 AMERICAN LANE</b>	3.3 STREET ADDRESS	<b>1 KEMPER DRIVE, T-1</b>
CITY-STATE-ZIP	<b>SCHAUMBURG, IL 00000</b>	3.4 CITY-STATE-ZIP	<b>LONG GROVE, IL 60049-0001</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>TREASURER &amp; CONTROLLER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RILL, PETER P.</b>	4.2 NAME	<b>ROBERT A. DANIEL</b>
STREET ADDRESS	<b>1400 AMERICAN LANE</b>	4.3 STREET ADDRESS	<b>1 KEMPER DRIVE, T-1</b>
CITY-STATE-ZIP	<b>SCHAUMBURG IL</b>	4.4 CITY-STATE-ZIP	<b>LONG GROVE, IL 60049-0001</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or 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, or on an attachment with an address.

**SIGNATURE:** *[Signature]*      **3/10/97**      **847-550-7305**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)