

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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90067 047 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 814902**

1. Corporation Name  
**ZURICH LIFE INSURANCE COMPANY OF AMERICA**



Principal Place of Business  
**1 KEMPER DRIVE STE T-1  
 12TH FLOOR  
 LONG GROVE IL 60049-001  
 US**

Mailing Address  
**1400 AMERICAN LANE  
 12TH FLOOR  
 SCHAUMBURG IL 60049-001  
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/02/1960	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		36-6071398	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30			

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
85	Zip Code

**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCOTT, JOHN B	
STREET ADDRESS	1 KEMPER DRIVE STE <del>FF</del>	
CITY-ST-ZIP	LONG GROVE IL 60049-0001	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	BLACKMON, FREDERICK L	
STREET ADDRESS	1 KEMPER DRIVE <del>FF</del>	
CITY-ST-ZIP	LONG GROVE IL 60049-0001	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	REZABEK, DEBRA P	
STREET ADDRESS	1 KEMPER DRIVE <del>FF</del>	
CITY-ST-ZIP	LONG GROVE IL 60049-0001	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DANIEL, ROBERT A	
STREET ADDRESS	1 KEMPER DRIVE T-1	
CITY-ST-ZIP	LONG GROVE FL 60049-0001	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	Corporate Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	David S. Jorgensen
4.3 STREET ADDRESS	1 Kemper Drive
4.4 CITY-ST-ZIP	Long Grove IL 60049-0001
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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David S. Jorgensen* **David S. Jorgensen** Date: \_\_\_\_\_ Daytime Phone #: **847-950-5500**

CR2E034 (11/98)