

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90078 041 \*\*\*150.00

**DOCUMENT # 814902**

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

Principal Place of Business <b>KEMPER DRIVE STE T-1</b> FLOOR GROVE IL 60049-001	Mailing Address <b>1400 AMERICAN LANE</b> 12TH FLOOR SCHAUMBURG IL 60049 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>36-6071398</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**STATE INSURANCE COMMISSIONER**  
**CAPITOL BLDG.**  
**STATE OF FLORIDA**  
**TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME <b>SCOTT, JOHN B</b> STREET ADDRESS <b>1 KEMPER DRIVE STE T-1</b> CITY-ST-ZIP <b>LONG GROVE IL 60049-0001</b>	<input checked="" type="checkbox"/> Delete	TITLE P NAME <b>CARUSO, GALE K</b> STREET ADDRESS <b>1 KEMPER DRIVE</b> CITY-ST-ZIP <b>LONG GROVE, IL 60049-0001</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SV NAME <b>BLACKMON, FREDERICK L</b> STREET ADDRESS <b>1 KEMPER DRIVE T-1</b> CITY-ST-ZIP <b>LONG GROVE IL 60049-0001</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SV NAME <b>REZABEK, DEBRA P</b> STREET ADDRESS <b>1 KEMPER DRIVE T1</b> CITY-ST-ZIP <b>LONG GROVE IL 60049-0001</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DC NAME <b>JORGENSEN, DAVID S</b> STREET ADDRESS <b>1 KEMPER DRIVE</b> CITY-ST-ZIP <b>LONG GROVE FL 60049-0001</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>LONG GROVE, IL 60049-0001</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X *[Signature]* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **2-21-00** Daytime Phone #: **847-969-3564**

CR2E034 (9/99)