2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90847 025 ***150.00

DOCUMENT # 814902

1. Entity Name
ZURICH LIFE INSURANCE COMPANY OF AMERICA

Principal Place of Business	Mailing Address
1600 MCCONNOR PKWY SCHAUNBURG IL 60196 US	1600 MCCONNOR PKWY SCHAUNBURG IL 60196 US

☒ CHECK HERE IF MAKING CHANGES

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

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

5. Certificate of Status Desired ☐ **$8.75** 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 **FL** 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CARUSO, GALE K 1600 MCCONNOR PKWY SCHAUNBURG IL 60196	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition SCHAUMBURG
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV BLACKMON, FREDERICK L 1600 MCCONNOR PKWY SCHAUNBURG IL 60196	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition SCHAUMBURG
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV REZABEK, DEBRA P 1600 MCCONNOR PKWY SCHAUNBURG IL 60196	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition SCHAUMBURG
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC JORGENSEN, DAVID S 1600 MCCONNOR PKWY SCHAUNBURG IL 60196	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition SCHAUMBURG
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVCA ROBBINS, EDWARD 1600 MCCONNOR PKWY SCHAUNBURG IL 60196	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHIEF ACTUARY MARK DAVIS 1600 MCCONNOR PARKWAY SCHAUMBURG IL 60196 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED SVP/Comptroller & Treasurer 847-874-7435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DAVID S. JORGENSEN