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

PROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
Mar 16, 1999 8:00 am
Secretary of State
03-16-1999 90067 047 ***150.00

DOCUMENT # **814902**

1. Corporation Name
ZURICH LIFE INSURANCE COMPANY OF AMERICA

Principal Place of Business	Mailing Address
1 KEMPER DRIVE STE T-1 12TH FLOOR LONG GROVE IL 60049-001 US	1400 AMERICAN LANE 12TH FLOOR SCHAUMBURG IL 60049-001 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 12/02/1960

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

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, JOHN B		1.2 NAME		
STREET ADDRESS	1 KEMPER DRIVE STE ~~T-1~~		1.3 STREET ADDRESS		
CITY-ST-ZIP	LONG GROVE IL 60049-0001		1.4 CITY-ST-ZIP		
TITLE	SV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BLACKMON, FREDERICK L		2.2 NAME		
STREET ADDRESS	1 KEMPER DRIVE ~~T-1~~		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONG GROVE IL 60049-0001		2.4 CITY-ST-ZIP		
TITLE	SV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	REZABEK, DEBRA P		3.2 NAME		
STREET ADDRESS	1 KEMPER DRIVE ~~T-1~~		3.3 STREET ADDRESS		
CITY-ST-ZIP	LONG GROVE IL 60049-0001		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE	Corporate Controller	☐ Change ☒ Addition
NAME	DANIEL, ROBERT A		4.2 NAME	David S. Jorgensen	
STREET ADDRESS	1 KEMPER DRIVE T-1		4.3 STREET ADDRESS	1 Kemper Drive	
CITY-ST-ZIP	LONG GROVE FL 60049-0001		4.4 CITY-ST-ZIP	Long Grove IL 60049-0001	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: [signature] David S. Jorgensen — 841-550-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #