

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90386 034 ***150.00

DOCUMENT # 853479

1. Entity Name
AMERICAN ZURICH INSURANCE COMPANY



Principal Place of Business

**1400 AMERICAN LANE
CORPORATE LAW
SCHAUMBURG, IL 60196**

Mailing Address

**1400 AMERICAN LANE
CORPORATE LAW
SCHAUMBURG, IL 60196**

44063007



04082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3141762	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCC AMORE, JOHN J 1400 AMERICAN LANE SCHAUMBURG, IL 60196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCS BOWERS, DAVID A 1400 AMERICAN LANE SCHAUMBURG, IL 60196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCARTNEY, JOHN J 1400 AMERICAN LANE SCHAUMBURG, IL 60196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEA MUELLER, NANCY D 1400 AMERICAN LANE SCHAUMBURG, IL 60196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE PATALANO, FRANK A 1400 AMERICAN LANE SCHAUMBURG, IL 60196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/04

Date

Daytime Phone #