2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Jul 13, 2004 8:00 am
Secretary of State
07-13-2004 90001 046 ***150.00

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07082004 Chg-P CR2E034 (10/03)

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

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 36-6071398 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	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 _____
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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☒ Delete	TITLE	PRES, CEO, CHAIRMAN	☒ Change ☐ Addition
NAME	CARUSO, GALE K		NAME	JAMES L HARLIN	
STREET ADDRESS	1600 MCCONNOR PKWY		STREET ADDRESS	1600 Mc Connor PKWY	
CITY-ST-ZIP	SCHAMBURG, 60196		CITY-ST-ZIP	Schaumburg, IL 60196	
TITLE	SV	☒ Delete	TITLE	VP, CFO, TREAS	☒ Change ☐ Addition
NAME	BLACKMON, FREDERICK L		NAME	JAMIE RIESTERER	
STREET ADDRESS	1600 MCCONNOR PKWY		STREET ADDRESS	1600 McConnor PKWY	
CITY-ST-ZIP	SCHAUMBURG, IL 60196		CITY-ST-ZIP	Schaumburg, IL 60196	
TITLE	SV	☒ Delete	TITLE	SECRETARY	☒ Change ☐ Addition
NAME	REZABEK, DEBRA P		NAME	JEFF A. WORF	
STREET ADDRESS	1600 MCCONNOR PKWY		STREET ADDRESS	1600 Mc Connor PKWY	
CITY-ST-ZIP	SCHAUMBURG, IL 60196		CITY-ST-ZIP	Schaumburg, IL 60196	
TITLE	DC	☒ Delete	TITLE	APPOINTED & CHIEF ACTUARY	☒ Change ☐ Addition
NAME	JORGENSEN, DAVID S		NAME	JEFFREY S. SCHLINSOG	
STREET ADDRESS	1600 MCCONNOR PKWY		STREET ADDRESS	1600 Mc Connor PKWY	
CITY-ST-ZIP	SCHAUMBURG, IL 60196		CITY-ST-ZIP	Schaumburg, IL 60196	
TITLE	CA	☒ Delete	TITLE	SENIOR VP, ALM ACTUARY	☒ Change ☐ Addition
NAME	DAVIS, MARK		NAME	WILLIAM H. WILTON	
STREET ADDRESS	1600 MCCONNOR PARKWAY		STREET ADDRESS	1600 Mc Connor PKWY	
CITY-ST-ZIP	SCHAUMBURG, IL 60196		CITY-ST-ZIP	Schaumburg, IL 60196	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 _____ 7/8/04 847-930-7406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #