

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805144

Entity Name: AMERICAN GUARANTEE AND LIABILITY INSURANCE
COMPANY**Current Principal Place of Business:**1299 ZURICH WAY
SCHAUMBURG, IL 60196**Current Mailing Address:**1299 ZURICH WAY
REGULATORY SERVICES
SCHAUMBURG, IL 60196 US**FEI Number: 36-6071400****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
TALLAHASSEE, FL 32399 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CEO, PRESIDENT, DIRECTOR
Name	TERRYN, KRISTOF
Address	1299 ZURICH WAY
City-State-Zip:	SCHAUMBURG IL 60196

Title	EXECUTIVE SECRETARY, VP, DIRECTOR
Name	LAZARCZYK, LAURA
Address	1299 ZURICH WAY
City-State-Zip:	SCHAUMBURG IL 60196

Title	VP, DIRECTOR, CFO
Name	HIRS, PETER
Address	1299 ZURICH WAY
City-State-Zip:	SCHAUMBURG IL 60196

Title	TREASURER
Name	DANIEL, ROBERT
Address	1299 ZURICH WAY
City-State-Zip:	SCHAUMBURG IL 60196

Title	DIRECTOR, VP
Name	ROCK, LAURA
Address	1299 ZURICH WAY
City-State-Zip:	SCHAUMBURG IL 60196

Title	DIRECTOR, VP
Name	PERKINS, BARRY
Address	1299 ZURICH WAY
City-State-Zip:	SCHAUMBURG IL 60196

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAURA LAZARCZYK**EXECUTIVE SECRETARY 04/15/2024**

Electronic Signature of Signing Officer/Director Detail

Date