

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
32399-0001

APPROVED
FEB 1995

DOCUMENT # **801980**

(4)

ZURICH INSURANCE COMPANY

08/08/1994
FEBRUARY

1400 AMERICAN LANE
SCHAUMBURG IL 60196-8056

1400 AMERICAN LANE
SCHAUMBURG IL 60196-8056

2. Filing Date (Month/Day/Year)	21	2a. Month of Filing	26	4. FET Number	36-1999760	3b. Date of Last Report	05/01/1994
3. Date of Incorporation (Month/Day/Year)	08/08/1924	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required			
6. Election Campaign Funding Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees					
7. This corporation is liable for intangible tax under Florida Statutes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLORIDA INSURANCE COMMISSIONER CAPITOL BUILDING, TALLAHASSEE FL 32304				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	FL	85	Zip Code

11. Pursuant to the provisions of Sections 607.040, 607.041 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 Sections 607.040, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	M BOLINDER, WILLIAM H. 1400 AMERICAN LANE SCHAUMBURG, IL 0	13.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.2 NAME	V ALTER, LOREN J 1400 AMERICAN LANE SCHAUMBURG, IL 0	13.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.3 NAME	V STROUD, WM M 1400 AMERICAN LANE SCHAUMBURG, IL 0	13.3 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME	V WIGGS, W H 1400 AMERICAN LANE SCHAUMBURG IL	13.4 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME	S MATHEWS, JOSEPH L 1400 AMERICAN LANE SCHAUMBURG IL	13.5 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.6 NAME		13.6 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, Florida Statutes. I further certify that the information included in this report is a true and correct copy of an supplemental annual report as true and correct and that my signature shall have the same legal effect. I am a resident of the State of Florida and am qualified to be the registered agent of this corporation or the receiver or trustee empowered to carry into effect the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 of this report. I have not been convicted of any crime within the past 10 years and am not barred from filing this report with an address.

SIGNATURE: David A. Bowers 4/13/95 708/605-6130