

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 801980 (4)

1. Corporation Name

ZURICH INSURANCE COMPANY



Principal Place of Business

Mailing Address

1400 AMERICAN LANE
SCHAUMBURG IL 60196-8056

1400 AMERICAN LANE
SCHAUMBURG IL 60196-8056

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/08/1924

3a. Date of Last Report

05/01/1995

4. FEI Number

36-1999760

Applied For

Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	M	<input type="checkbox"/> DELETE
NAME	BOLINDER, WILLIAM H.	
STREET ADDRESS	1400 AMERICAN LANE	
CITY- ST- ZIP	SCHAUMBURG, IL 0	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALTER, LOREN J	
STREET ADDRESS	1400 AMERICAN LANE	
CITY- ST- ZIP	SCHAUMBURG, IL 0	
TITLE	V	<input type="checkbox"/> DELETE
NAME	AMORE, JOHN	
STREET ADDRESS	1400 AMERICAN LANE	
CITY- ST- ZIP	SCHAUMBURG, IL 0	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GALER, DONNA	
STREET ADDRESS	1400 AMERICAN LANE	
CITY- ST- ZIP	SCHAUMBURG IL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MATHEWS, JOSEPH L	
STREET ADDRESS	1400 AMERICAN LANE	
CITY- ST- ZIP	SCHAUMBURG IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SANTORELLI, TJ	
STREET ADDRESS	1400 AMERICAN LANE	
CITY- ST- ZIP	SCHAUMBURG IL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	S Harold, 3K
5.3 STREET ADDRESS	1400 American Lane
5.4 CITY- ST- ZIP	Schaumburg, Illinois 60196
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

200001781658
-04/16/96--01025--026
***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Executive
Vice President
General Counsel

4/4/96
Date

(847) 605-6120
Daytime Phone #

CR2E034 (12/95)