

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Mar 19 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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: **1400 AMERICAN LANE, SCHAUMBURG IL 60196-8056**
Mailing Address: **1400 AMERICAN LANE, SCHAUMBURG IL 60196-5452**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/08/1924	3a. Date of Last Report 04/15/1996
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 36-1999760	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input 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 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes

SIGNATURE _____ (Name, typed or printed name of registered agent and title, if applicable) (Date) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	M	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLINDER, WILLIAM H.	12 NAME	
STREET ADDRESS	1400 AMERICAN LANE	13 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG, IL 0	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTER, LOREN J	22 NAME	
STREET ADDRESS	1400 AMERICAN LANE	23 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG, IL 0	24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMORE, JOHN	32 NAME	
STREET ADDRESS	1400 AMERICAN LANE	33 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG, IL 0	34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALER, DONNA	42 NAME	
STREET ADDRESS	1400 AMERICAN LANE	43 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAROLD, SK	52 NAME	
STREET ADDRESS	1400 AMERICAN LANE	53 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL 60196	54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTORELLI, TJ	62 NAME	
STREET ADDRESS	1400 AMERICAN LANE	63 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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 in an attachment with an address.

SIGNATURE: **David A. Boyers, Executive Vice Pres.** 3/6/97 (847) 605-6120

CR2E034 (9/96)