

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

FILED
Aug 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**



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

DOCUMENT # 801980
 1. Corporation Name
Zurich Insurance Company

Principal Place of Business: **1400 American Lane Schaumburg, Illinois 60196**
 Mailing Address: **1400 American lane Schaumburg, Illinois 60196**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **8/8/24**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21, Suite, Apt #, etc: 22, City & State: 23, Zip: 24, Country: 25

2a. Mailing Address: 26, Suite, Apt #, etc: 27, City & State: 28, Zip: 29, Country: 30

9. Name and Address of Current Registered Agent: **Florida Insurance Commissioner Capitol Building Tallahassee, Florida 32304**

10. Name and Address of New Registered Agent: B1 Name, B2 Street Address (P.O. Box Number is Not Acceptable), B3, B4 City, B5 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1808, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	M <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bolinder, W.H.	12 NAME	
STREET ADDRESS	1400 American Lane	13 STREET ADDRESS	
CITY-ST-ZIP	Schaumburg, IL 60196	14 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alter, L.J.	22 NAME	
STREET ADDRESS	1400 American Lane	23 STREET ADDRESS	
CITY-ST-ZIP	Schaumburg, IL 60196	24 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amore, J.J.	32 NAME	
STREET ADDRESS	1400 American Lane	33 STREET ADDRESS	
CITY-ST-ZIP	Schaumburg, IL 60196	34 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	41 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Galer, D.L.	42 NAME	Bowers, D.A.
STREET ADDRESS	1400 American Lane	43 STREET ADDRESS	1400 American Lane
CITY-ST-ZIP	Schaumburg, IL 60196	44 CITY-ST-ZIP	Schaumburg, IL 60196
TITLE	S <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harold, S.K.	52 NAME	600002612756
STREET ADDRESS	1400 American Lane	53 STREET ADDRESS	-08/11/98--01045--008
CITY-ST-ZIP	Schaumburg, IL 60196	54 CITY-ST-ZIP	***150.00
TITLE	V <input checked="" type="checkbox"/> DELETE	61 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Santorelli, T.J.	62 NAME	Fortune, M.A.
STREET ADDRESS	1400 American Lane	63 STREET ADDRESS	1400 American Lane
CITY-ST-ZIP	Schaumburg, IL 60196	64 CITY-ST-ZIP	Schaumburg, IL 60196

14. I hereby certify that the information reported 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 the 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 or changed or to on attachment with an address.

SIGNATURE:  **David A. Bowers, Exec. V.P.** 4/14/98 (847) 605-6120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Month Year

CR2E034 (10/97)