

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

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90020 008 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 801980**

1. Corporation Name  
**ZURICH INSURANCE COMPANY**

Principal Place of Business  
**1400 AMERICAN LANE  
 SCHAUMBURG IL 60196**

Mailing Address  
**1400 AMERICAN LANE  
 SCHAUMBURG IL 60196**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/08/1924</b>	
4. FEI Number <b>36-1999760</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>M BOLINDER, W.H.</b>	1.2 NAME	
STREET ADDRESS	<b>1400 AMERICAN LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SCHAUMBURG IL 60196</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V ALTER, L.J.</b>	2.2 NAME	
STREET ADDRESS	<b>1400 AMERICAN LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SCHAUMBURG IL 60196</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V AMORE, J.J.</b>	3.2 NAME	
STREET ADDRESS	<b>1400 AMERICAN LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SCHAUMBURG IL 60196</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V BOWERS, D.A.</b>	4.2 NAME	
STREET ADDRESS	<b>1400 AMERICAN LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SCHAUMBURG IL 60196</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S HAROLD, S.K.</b>	5.2 NAME	
STREET ADDRESS	<b>1400 AMERICAN LANE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SCHAUMBURG IL 60196</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V FORTUNE, M.A.</b>	6.2 NAME	
STREET ADDRESS	<b>1400 AMERICAN LANE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SCHAUMBURG IL 60196</b>	6.4 CITY-ST-ZIP	

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: **4/30/99** Daytime Phone #: **847-605-6620**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)