

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

FILED  
Mar 18 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 # 814902 (3)  
1. Corporation Name:  
ZURICH LIFE INSURANCE COMPANY OF AMERICA



Principal Place of Business

1400 AMERICAN LANE  
12TH FLOOR  
SCHAUMBURG IL 60173-4987  
US

Mailing Address

1400 AMERICAN LANE  
12TH FLOOR  
SCHAUMBURG IL 60173-5452  
US

2. Principal Place of Business

2a. Mailing Address

1 KEMPER DRIVE, T-1

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

60049-0001

25

Country

26

City & State

27

Zip

Country

28

60049-0001

29

Country

30

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER  
CAPITOL BLDG.  
STATE OF FLORIDA  
TALLAHASSEE FL 32304

3. Date Incorporated or Qualified

12/02/1960

3a. Date of Last Report

01/25/1996

4. FEI Number

36-6071398

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

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 607.0502 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS                             | CITY, ST, ZIP | DELETE                              |
|-------|--------------------|--|---------------|-------------------------------------|
| P     | SCOTT, JOHN B      | 1400 AMERICAN LANE<br>SCHAUMBURG IL        |               | <input type="checkbox"/>            |
| V     | HARKENSEE, JAMES C | 1400 AMERICAN LANE<br>SCHAUMBURG IL        |               | <input checked="" type="checkbox"/> |
| V     | BLACK, PAUL E      | 1400 AMERICAN LANE<br>SCHAUMBURG, IL 00000 |               | <input checked="" type="checkbox"/> |
| S     | RILL, PETER P.     | 1400 AMERICAN LANE<br>SCHAUMBURG IL        |               | <input checked="" type="checkbox"/> |
|       |                    |  |               | <input type="checkbox"/>            |
|       |                    |  |               | <input type="checkbox"/>            |
|       |                    |  |               | <input type="checkbox"/>            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS                                    | 1.4 CITY - ST - ZIP       | Change                              | Addition                            |
|-----------|----------|---|---------------------------|-------------------------------------|-------------------------------------|
|           |          | 1 KEMPER DRIVE, T-1                                   | LONG GROVE, IL 60049-0001 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS                                    | 2.4 CITY - ST - ZIP       | Change                              | Addition                            |
|           |          | SR. VICE PRES. & CFO<br>FREDERICK L. BLACKMON         |                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|           |          | 1 KEMPER DRIVE, T-1                                   | LONG GROVE, IL 60049-0001 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS                                    | 3.4 CITY - ST - ZIP       | Change                              | Addition                            |
|           |          | SECRETARY, SR. V. P. GEN. COUNSEL<br>DEBRA P. REZABEK |                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|           |          | 1 KEMPER DRIVE, T-1                                   | LONG GROVE, IL 60049-0001 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS                                    | 4.4 CITY - ST - ZIP       | Change                              | Addition                            |
|           |          | TREASURER & CONTROLLER<br>ROBERT A. DANIEL            |                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|           |          | 1 KEMPER DRIVE, T-1                                   | LONG GROVE, IL 60049-0001 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS                                    | 5.4 CITY - ST - ZIP       | Change                              | Addition                            |
|           |          |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS                                    | 6.4 CITY - ST - ZIP       | Change                              | Addition                            |
|           |          |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>            |

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 or on an attachment with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/97 847-550-7305  
Date Daytime Phone #

CR2E034 (9/96)