

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90078 041 ***150.00

DOCUMENT # 814902

1. Entity Name

ZURICH LIFE INSURANCE COMPANY OF AMERICA

Principal Place of Business

Mailing Address

**KEMPER DRIVE STE T-1
 FLOOR
 GROVE IL 60049-001**

**1400 AMERICAN LANE
 12TH FLOOR
 SCHAUMBURG IL 60049
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-6071398

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, JOHN B	
STREET ADDRESS	1 KEMPER DRIVE STE T-1	
CITY-ST-ZIP	LONG GROVE IL 60049-0001	
TITLE	SV	<input type="checkbox"/> Delete
NAME	BLACKMON, FREDERICK L	
STREET ADDRESS	1 KEMPER DRIVE T-1	
CITY-ST-ZIP	LONG GROVE IL 60049-0001	
TITLE	SV	<input type="checkbox"/> Delete
NAME	REZABEK, DEBRA P	
STREET ADDRESS	1 KEMPER DRIVE T1	
CITY-ST-ZIP	LONG GROVE IL 60049-0001	
TITLE	DC	<input type="checkbox"/> Delete
NAME	JORGENSEN, DAVID S	
STREET ADDRESS	1 KEMPER DRIVE	
CITY-ST-ZIP	LONG GROVE FL 60049-0001	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARUSO, GALE K	
STREET ADDRESS	1 KEMPER DRIVE	
CITY-ST-ZIP	LONG GROVE, IL 60049-0001	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	LONG GROVE, IL 60049-0001	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

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

2-21-00

Date

847-969-3564

Daytime Phone #

CR2E034 (9/99)