

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90034 023 ***150.00

DOCUMENT # 814902

1. Entity Name

ZURICH LIFE INSURANCE COMPANY OF AMERICA

Principal Place of Business

**1 KEMPER DRIVE STE T-1
 12TH FLOOR
 LONG GROVE IL 60049-001
 US**

Mailing Address

**1400 AMERICAN LANE
 12TH FLOOR
 SCHAUMBURG IL 60049-001
 US**

2. Principal Place of Business

1600 McCONNOR PARKWAY
 Suite, Apt. #, etc.

3. Mailing Address

1600 McCONNOR PARKWAY
 Suite, Apt. #, etc.

City & State

SCHAUMBURG, IL

City & State

SCHAUMBURG, IL

4. FEI Number

36-6071398

Applied For

Not Applicable

Zip

Country

60196

US

Zip

Country

60196

US

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**

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARUSO, GALE K 1 KEMPER DRIVE LONG GROVE IL 60049-0001	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV BLACKMON, FREDERICK L 1 KEMPER DRIVE T-1 LONG GROVE IL 60049-0001	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV REZABEK, DEBRA P 1 KEMPER DRIVE T1 LONG GROVE IL 60049-0001	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC JORGENSEN, DAVID S 1 KEMPER DRIVE LONG GROVE IL 60049-0001	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
1600 McCONNOR PARKWAY SCHAUMBURG, IL 60196	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
1600 McCONNOR PARKWAY SCHAUMBURG, IL 60196	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
1600 McCONNOR PARKWAY SCHAUMBURG, IL 60196	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
1600 McCONNOR PARKWAY SCHAUMBURG, IL 60196	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
SR. VP + CHIEF ACTUARY EDWARD ROBBINS 1600 McCONNOR PARKWAY SCHAUMBURG, IL 60196	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/02 847-874-7425
 Date Daytime Phone #

CR2E034 (9/01)