## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # F9900000100

**ZURICH AMERICAN INSURANCE COMPANY** Principal Place of Business Mailing Address 1400 AMERICAN LANE AMERICAN LANE SCHAUMBURG IL 60196-5452 .:: напинктысь IL 60196-1056

## FILED May 24, 2000 8:00 am Secretary of State

05-24-2000 90046 034 \*\*\*550.00

						NATA BOYEN MARK BANK BAKK ING	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THI	S SPACE	
City & State		City & State		<b>4.</b> F	36-4233459	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		7. N	lame and Address of New Registere	d Agent	
INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300			Name	Name			
			Street A	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							
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After MAY 1, 200	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12.	AD	DITIONS/CHANGES TO OFFICERS AI	ND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IORDANOU, CONSTANTINE P 1400 AMERICAN LANE SCHAUMBURG IL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALTER, LOREN J 1400 AMERICAN LANE SCHAUMBURG IL	<b>▼</b> Delete	TITLE NAME STREET ADDRESS CHTY-ST-ZIP	BUES 1400 SCHAI	S THOMAS ÁMERICAN LANE UMBURG, IL GOI	Change □ Addition  96	
NAME AMORE, JOHN J STREET ADDRESS ONE LIBERTY PLAZA - 53RD FL, 165 BROADWAY NEW YORK NY			TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AND S BOWERS, DAVID A 1400 AMERICAN LANE SCHAUMBURG IL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ERS, DAVID O CORP. SEC.	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLE, JOHN D 3910 KESWICK ROAD BALTIMORE MD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FISHI 1400 SCHA	ER WAYNE H. AMERICAN LANE UMBURG, IL 60	196	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FORTUNE, MICHAEL A 1400 AMERICAN LANE SCHAUMBURG IL	T <b>SC</b> elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		DER WILLIAM H. AMERICAN LN. UMBURG, IL 60	Change (Addition	

I hereby certify that the information supplied with this filling 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 a pattern like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR