

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P05934 (5)**
1. Corporation Name
ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS



Principal Place of Business: **1400 AMERICAN LANE, SCHAUMBURG IL 60196-1056, US**
Mailing Address: **1400 AMERICAN LANE, SCHAUMBURG IL 60196-1056, US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: **05/08/1985**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **36-2781080**
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. 193.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent (81-85):
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	BOLINDER, W.H.	
STREET ADDRESS	1400 AMERICAN LANE	
CITY-ST-ZIP	SCHAUMBURG IL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	IORDANOU, CP	
STREET ADDRESS	1400 AMERICAN LANE	
CITY-ST-ZIP	SCHAUMBURG IL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MATHEWS, JOSEPH L	
STREET ADDRESS	1400 AMERICAN LANE	
CITY-ST-ZIP	SCHAUMBURG IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOWERS, DAVID A	
STREET ADDRESS	1400 AMERICAN LANE	
CITY-ST-ZIP	SCHAUMBURG IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALTER, LOREN JAY	
STREET ADDRESS	1400 AMERICAN LANE	
CITY-ST-ZIP	SCHAUMBURG IL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SANTORELLI, TJ	
STREET ADDRESS	1400 AMERICAN LANE	
CITY-ST-ZIP	SCHAUMBURG IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S Harold, JK
3.3 STREET ADDRESS	1400 American Lane
3.4 CITY-ST-ZIP	Schaumburg, Illinois 60196
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 stockholder 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 unchanged, or on an attachment with an address.

SIGNATURE: _____ Vice President 4/4/96 (847) 605-6120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)