

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

**FILED**  
**Aug 07 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT #** P05934  
 1. Corporation Name:  
**Zurich American Insurance Company of Illinois**

Principal Place of Business: <b>1400 American Lane                  Schaumburg, Illinois                  60196</b>	Mailing Address: <b>1400 American Lane                  Schaumburg, Illinois                  60196</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
--	---

3. Date Incorporated or Qualified <b>5/8/85</b>	4. FEI Number <b>36-2781080</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**Florida Insurance Commissioner  
 Capitol Building  
 Tallahassee, Florida 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0402 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 607.0405, Florida Statutes.

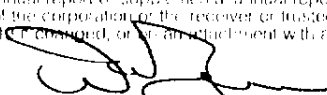
SIGNATURE \_\_\_\_\_ (NAME Registered Agent & address required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>C Bolinder, W.H.</b>	1.2 NAME	
STREET ADDRESS	<b>1400 American Lane</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Schaumburg, IL 60196</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P Jordanou, C.P.</b>	2.2 NAME	
STREET ADDRESS	<b>1400 American Lane</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Schaumburg, IL 60196</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S Harold, S.K.</b>	3.2 NAME	
STREET ADDRESS	<b>1400 American Lane</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Schaumburg, IL 60196</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V Bowers, D.A.</b>	4.2 NAME	
STREET ADDRESS	<b>1400 American Lane</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Schaumburg, IL 60196</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V Alter, L.J.</b>	5.2 NAME	
STREET ADDRESS	<b>1400 American Lane</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Schaumburg, IL 60196</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

500002612755  
 -08/11/98--01045--007  
 \*\*\*150.00

PE  
 8-7

14. I hereby certify that the information supplied with this filing does not qualify for the exemption provided in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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, if changed, or in an attachment with an address.

**SIGNATURE:**  **David A. Bowers, V.P.**      **4/14/98**      **(847) 605-6120**

CR2E034 (10/97)