


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90386 042 \*\*\*150.00

**DOCUMENT # P05934**  
 1. Entity Name  
**ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS**



Principal Place of Business <b>1400 AMERICAN LANE          CORPORATE LAW          SCHAUMBURG, IL 60196 US</b>	Mailing Address <b>1400 AMERICAN LANE          CORPORATE LAW          SCHAUMBURG, IL 60196 US</b>
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**DO NOT WRITE IN THIS SPACE**



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>36-2781080</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CHIEF FINANCIAL OFFICER  
 P O BOX 6200 (32314-6200)  
 200 E. GAINES ST  
 TALLAHASSEE, FL 32399-0000**

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO AMORE, JOHN J 1400 AMERICAN LANE SCHAUMBURG, IL 60196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCH, JAMES W ONE LIBERTY PLAZA, 165 BROADWAY NEW YORK, NY 10006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD BOWERS, DAVID A 1400 AMERICAN LANE SCHAUMBURG, IL 60196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD MUELLER, NANCY D 1400 AMERICAN LANE SCHAUMBURG, IL 60196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCCARTNEY, JOHN J 1400 AMERICAN LANE SCHAUMBURG, IL 60196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP PATALANO, FRANK A 1400 AMERICAN LANE SCHAUMBURG, IL 60196

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **4/9/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #