## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

1400 AMERICAN LANE

## P05934 **DOCUMENT #**

1. Entity Name

Principal Place of Business

1400 AMERICAN LANE

ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS

|--|

**FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90127 032 \*\*\*150.00

Surie, Apt. 4, etc.   City & State   City & City	CORPORATE LAW SCHAUMBURG IL 60196 US				CORPORATE LAW SCHAUMBURG IL 60196 US									
City & State  Country  Country  S. Certificate of Status Desired  Beauty Status Desired  Sea 38.75 Additional  Fee Required  Fee Required  Name  FLORIDA INSURANCE COMMISSIONER  CAPTOL BUILDING  TALLAHASSEE FL 32301  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 Folida. If an familiar with, and accept the code; gaintons of registered agent or inside the statement for the purpose of changing its registered office or registered agent, or both, in the State of Folida. If an familiar with, and accept the code; gaintons of registered agent or inside the code; and	2. Principal Place of Business				3. Mailing Address				ŀ		I	19 WIWH WENER WII	116 61911 HOUI	
Zip Country Zip Country S. Certificate of Status Desired S. St. 75. Acadisonal Fee Regulated 6. Name and Address of Current Registered Agent	Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
6. Name and Address of Current Registered Agent	City & State				City & State			4	36-2/81080					
FLORIDA INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32301  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. I am familiar with, and accept the chigations of registered agent.  SIGNATURE  SUBMIT THE STATE OF STATE WITH PEEL IS 150.00  After May 1, 2003 Fee will be \$550.00  A	Zip		Country	Zip		Count	Country			ficate of Status Desired				
FLORIDA INSURANCE COMMISSIONER CAPTOL BUILDING TALLAHASSEE FL 32301  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligation of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligation of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligation of registered agent, or both. In the State of Florida agent should a	6. Name and Address of Current Registered Agent													
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.    Signature														
SIGNATURE    Signature   Signa			٠.			City			FL Zip Code					
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12. Thereby 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 truspe 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:**