

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

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

04-28-2003 90127 032 ***150.00

DOCUMENT # P05934

1. Entity Name
ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS



Principal Place of Business
**1400 AMERICAN LANE
CORPORATE LAW
SCHAUMBURG IL 60196
US**

Mailing Address
**1400 AMERICAN LANE
CORPORATE LAW
SCHAUMBURG IL 60196
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **36-2781080**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete AMORE, JOHN J 1400 AMERICAN LANE SCHAUMBURG IL 60196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MARCH, JAMES W 1400 AMERICAN LANE SCHAUMBURG IL 60196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BUESS, THOMAS 1400 AMERICAN LANE SCHAUMBURG IL 60196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete COLE, JOHN D 1400 AMERICAN LANE SCHAUMBURG IL 60196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete FISHER, WAYNE H 1400 AMERICAN LANE SCHAUMBURG IL 60196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete FISHMAN, ROBERT M 1400 AMERICAN LANE SCHAUMBURG IL 60196

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman + CEO <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition James W. March One Liberty Plaza, 165 Broadway New York NY 10006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP, D. Corp. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition David A. Bowers 1400 American Lane Schaumburg, IL 60196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP + D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Nancy D. Mueller 1400 American Lane Schaumburg, IL 60196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D + President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John J. McCartney 1400 American Lane Schaumburg, IL 60196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D + EVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Frank A. Patalano 1400 American Lane Schaumburg IL 60196

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: David A. Bowers **SIGNATURE REQUIRED** 4/15/03 847/605-6120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)