

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90847 025 \*\*\*150.00

**DOCUMENT # 814902**

1. Entity Name  
**ZURICH LIFE INSURANCE COMPANY OF AMERICA**



Principal Place of Business  
**1600 MCCONNOR PKWY  
SCHAUMBURG IL 60196  
US**

Mailing Address  
**1600 MCCONNOR PKWY  
SCHAUMBURG IL 60196  
US**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**SCHAUMBURG**

**SCHAUMBURG**

Zip

Country

Zip

Country

4. FEI Number **36-6071398**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STATE INSURANCE COMMISSIONER  
CAPITOL BLDG.  
STATE OF FLORIDA  
TALLAHASSEE FL 32304**

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 **XW**

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **CARUSO, GALE K**  
STREET ADDRESS **1600 MCCONNOR PKWY**  
CITY-ST-ZIP **SCHAUMBURG IL 60196**

TITLE ☒ Change ☐ Addition  
NAME **SCHAUMBURG**

TITLE **SV** ☐ Delete  
NAME **BLACKMON, FREDERICK L**  
STREET ADDRESS **1600 MCCONNOR PKWY**  
CITY-ST-ZIP **SCHAUMBURG IL 60196**

TITLE ☒ Change ☐ Addition  
NAME **SCHAUMBURG**

TITLE **SV** ☐ Delete  
NAME **REZABEK, DEBRA P**  
STREET ADDRESS **1600 MCCONNOR PKWY**  
CITY-ST-ZIP **SCHAUMBURG IL 60196**

TITLE ☒ Change ☐ Addition  
NAME **SCHAUMBURG**

TITLE **DC** ☐ Delete  
NAME **JORGENSEN, DAVID S**  
STREET ADDRESS **1600 MCCONNOR PKWY**  
CITY-ST-ZIP **SCHAUMBURG IL 60196**

TITLE ☒ Change ☐ Addition  
NAME **SCHAUMBURG**

TITLE **SVCA** ☒ Delete  
NAME **ROBBINS, EDWARD**  
STREET ADDRESS **1600 MCCONNOR PKWY**  
CITY-ST-ZIP **SCHAUMBURG IL 60196**

TITLE ☐ Change ☒ Addition  
NAME **CHIEF ACTUARY**  
STREET ADDRESS **MARK DAVIS**  
CITY-ST-ZIP **1600 MCCONNOR PARKWAY**  
**SCHAUMBURG IL 60196**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **XW** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**847-874-7435**

CR2E034 (10/02)