

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 847579

**Entity Name:** ZURICH AMERICAN LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

1400 AMERICAN LANE  
SCHAUMBURG, IL 60196

**Current Mailing Address:**

3003 77TH AVENUE SE  
MERCER ISLAND, WA 98040

**FEI Number: 36-3050975**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name DIETZ, DAVID J  
Address ONE LIBERTY PLAZA, 165 BROADWAY  
City-State-Zip: NEW YORK NY 10006

Title VP  
Name EHRLICH, CATHY E  
Address ONE LIBERTY PLAZA, 165 BROADWAY  
City-State-Zip: NEW YORK NY 10006

Title VCFO  
Name LODGE, SIMON J  
Address ONE LIBERTY PLAZA, 165 BROADWAY  
City-State-Zip: NEW YORK NY 10006

Title S  
Name CARTY, PATRICK J  
Address ONE LIBERTY PLAZA, 165 BROADWAY  
City-State-Zip: NEW YORK NY 10006

Title SVP  
Name HORTON, JEFFREY S  
Address ONE LIBERTY PLAZA, 165 BROADWAY  
City-State-Zip: NEW YORK NY 10006

Title AVP  
Name BADGETT, LEEANN G  
Address 3003 77TH AVENUE SE  
City-State-Zip: MERCER ISLAND WA 98040

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LEEANN BADGETT**

**ASSISTANT VICE  
PRESIDENT**

**04/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date