#### 2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 847579** 

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

**FILED** Mar 22, 2016 **Secretary of State** CC5222574974

## **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 PRESIDENT & CEO Title **VP & CHIEF ACTUARY** DIETZ, DAVID J EHRLICH, CATHY E Name Name

ONE LIBERTY PLAZA, 165 Address ONE LIBERTY PLAZA, 165 Address **BROADWAY** 

**BROADWAY** 

City-State-Zip: NEW YORK NY 10006 City-State-Zip: NEW YORK NY 10006

Title SR. VP & CFO Title **VP & SECRETARY** Name LODGE, SIMON J M Name CARTY, PATRICK J

ONE LIBERTY PLAZA, 165 ONE LIBERTY PLAZA, 165 Address Address

**BROADWAY** 

City-State-Zip: NEW YORK NY 10006 City-State-Zip: NEW YORK NY 10006

Title **VP & TREASURER** Title **AVP & CONTROLLER** Name HORTON, JEFFREY S Name BADGETT, LEEANN G 3003 77TH AVENUE SE Address ONE LIBERTY PLAZA, 165 Address

**BROADWAY** 

**BROADWAY** 

City-State-Zip: MERCER ISLAND WA 98040 City-State-Zip: NEW YORK NY 10006

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 G. BADGETT

**AVP & CONTROLLER** 

03/22/2016