

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 847579

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

**Current Principal Place of Business:**

1299 ZURICH WAY  
SCHAUMBURG, IL 60196

**Current Mailing Address:**

1299 ZURICH WAY  
SCHAUMBURG, IL 60196 US

**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 VP, SECRETARY, DIRECTOR  
Name LAZARCZYK, LAURA  
Address 1299 ZURICH WAY  
City-State-Zip: SCHAUMBURG IL 60196

Title PRESIDENT, DIRECTOR, CEO,  
CHAIRMAN  
Name FIKE, DAVID  
Address 1299 ZURICH WAY  
City-State-Zip: SCHAUMBURG IL 60196

Title DIRECTOR  
Name HIRS, PETER  
Address 1299 ZURICH WAY  
City-State-Zip: SCHAUMBURG IL 60196

Title DIRECTOR, ASST. SECRETARY  
Name HAUSER, RICHARD  
Address 1299 ZURICH WAY  
City-State-Zip: SCHAUMBURG IL 60196

Title DIRECTOR  
Name PERKINS, BARRY  
Address 1299 ZURICH WAY  
City-State-Zip: SCHAUMBURG IL 60196

Title VP, CFO, TREASURER  
Name RUPRAI, PRITHPAL  
Address 15303 DALLAS PARKWAY  
City-State-Zip: ADDISON TX 75001

*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:** LAURA LAZARCZYK

**SECRETARY**

**04/18/2024**

Electronic Signature of Signing Officer/Director Detail

Date