

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000000100

**Entity Name:** ZURICH AMERICAN INSURANCE COMPANY

**Current Principal Place of Business:**

1299 ZURICH WAY  
SCHAUMBURG, IL 60196

**FILED**  
**Apr 03, 2019**  
**Secretary of State**  
**0946103006CC**

**Current Mailing Address:**

1299 ZURICH WAY  
REGULATORY SERVICES  
SCHAUMBURG, IL 60196 US

**FEI Number: 36-4233459**

**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 CEO, DIRECTOR, CHAIRMAN  
Name SAVIO, KATHLEEN  
Address 1299 ZURICH WAY  
City-State-Zip: SCHAUMBURG IL 60196

Title PRESIDENT, DIRECTOR  
Name KNIPFER, MARK  
Address 1299 ZURICH WAY  
City-State-Zip: SCHAUMBURG IL 60196

Title SECRETARY, DIRECTOR  
Name KERRIGAN, DENNIS F  
Address 1299 ZURICH WAY  
City-State-Zip: SCHAUMBURG IL 60196

Title VP, DIRECTOR  
Name CLOUSER, E RANDALL  
Address 1299 ZURICH WAY  
City-State-Zip: SCHAUMBURG IL 60196

Title VP, DIRECTOR  
Name BATTA, ANURAG  
Address 1299 ZURICH WAY  
City-State-Zip: SCHAUMBURG IL 60196

Title TREASURER  
Name BURNE, ROBERT  
Address 1299 ZURICH WAY  
City-State-Zip: SCHAUMBURG IL 60196

Title VP, DIRECTOR  
Name LITTLE, BRIAN  
Address 1299 ZURICH WAY  
City-State-Zip: SCHAUMBURG IL 60196

Title VP, DIRECTOR  
Name PUTZ, DAVID M  
Address 7045 COLLEGE BLVD  
City-State-Zip: OVERLAND PARK KS 66211

**Continues on page 2**

*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: DENNIS F. KERRIGAN**

**SECRETARY**

**04/03/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP, DIRECTOR  
Name HORGAN, PAUL  
Address 1299 ZURICH WAY  
City-State-Zip: SCHAUMBURG IL 60196

Title VP, DIRECTOR  
Name FICK, BRANDON  
Address 2000 MARKET STREET  
City-State-Zip: PHILADELPHIA PA 19103

Title VP, DIRECTOR  
Name LAVELLE, PAUL  
Address 1299 ZURICH WAY  
City-State-Zip: SCHAUMBURG IL 60196

Title VP, DIRECTOR  
Name KEARNS, RICHARD  
Address 1299 ZURICH WAY  
City-State-Zip: SCHAUMBURG IL 60196