

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05934

**FILED**  
**Apr 18, 2024**  
**Secretary of State**  
**8191612107CC**

**Entity Name:** ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS

**Current Principal Place of Business:**

1299 ZURICH WAY  
SCHAUMBURG, IL 60196

**Current Mailing Address:**

1299 ZURICH WAY  
REGULATORY SERVICES  
SCHAUMBURG, IL 60196 US

**FEI Number:** 36-2781080

**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 DIRECTOR, PRESIDENT, CHAIRMAN  
Name TERRY, KRISTOF  
Address 1299 ZURICH WAY  
City-State-Zip: SCHAUMBURG IL 60196

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

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

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

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

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

*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