

1.) CORPORATION NAME:

ZURICH AMERICAN LIFE INSURANCE COMPANY

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F0399487**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	300,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE LIBERTY PLAZA
165 BROADWAY

CITY/ST/ZIP: NEW YORK, NY 10006-1404

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DAVID JAY DIETZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT/CEO		
ADDRESS:	ONE LIBERTY PLAZA		
	165 BROADWAY		
CITY/ST/ZIP/CO:	NEW YORK, NY 10006-1404		

NAME:	LEEANN GLADYS BADGETT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSISTANT VP		
ADDRESS:	3003 77TH AVE SE		
CITY/ST/ZIP/CO:	MERCER ISLAND, WA 98040		

NAME:	PATRICK JOSEPH CARTY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP,GNR COUNSEL		
ADDRESS:	ONE LIBERTY PLAZA		
	165 BROADWAY		
CITY/ST/ZIP/CO:	NEW YORK, NY 10006-1404		

NAME:	CATHY ELIZABETH EHRlich	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP, CHF ACTUARY		
ADDRESS:	ONE LIBERTY PLAZA		
	165 BROADWAY		
CITY/ST/ZIP/CO:	NEW YORK, NY 10006-1404		

NAME:	JEFFREY SCOTT HORTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP-FIN & TREAS		
ADDRESS:	ONE LIBERTY PLAZA		
	165 BROADWAY		
CITY/ST/ZIP/CO:	NEW YORK, NY 10006-1404		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SIMON JEREMY MICHAEL LODGE SVP & CFO ONE LIBERTY PLAZA 165 BROADWAY NEW YORK, NY 10006-1404	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD WILLIAM GRILLI SVP & COO ONE LIBERTY PLAZA 165 BROADWAY NEW YORK, NY 10006-1404	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STUART CRAIG BERMAN DIRECTOR ONE LIBERTY PLAZA 165 BROADWAY NEW YORK, NY 10006-1404	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAWN MARIE CUMMINGS-FRITZ ASST VP-TAX 1400 AMERICAN LANE SCHAUMBURG, IL 60196-1056	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD JAMES HAUSER CH.of B of D 1400 AMERICAN LANE SCHAUMBURG, IL 60196-1056	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL WALTER NOFFKE DIRECTOR 1400 AMERICAN LANE SCHAUMBURG, IL 60196-5452	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBRA K. BROEK DIRECTOR 3003 77TH AVE SE MERCER ISLAND, WA 98040	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH LEON CARROLL DIRECTOR 3003 77TH AVE SE MERCER ISLAND, WA 98040	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	IRA JEFFREY KLEINMAN DIRECTOR 3003 77TH AVE SE MERCER ISLAND, WA 98040	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LOUIS WILLIAM PIETROLUONGO DIRECTOR 3003 77TH AVE SE MERCER ISLAND, WA 98040	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIANE DAVIS VP/ CRO 3003 77TH AVE SE MERCER ISLAND, WA 98040	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHY HALL VP & CCO 3003 77th ave SE Mercer Island, WA 98040	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELIZABETH MCLNERNEY VP & COO 165 BROADWAY ONE LIBERTY PLAZA NEW YORK, NY 10006-1404	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN R. PATTON VP, Claims 3003 77TH AVE SE MERCER ISLAND, WA 98040	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL ROHWETTER VP & CIO 165 BROADWAY ONE LIBERTY PLAZA NY, NY 10006-1404	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS ROBERTS VP & RO-Illustr 2000 West Sam Houston Parkway South Houston, TX 77042	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY DENING ASST. VP, Act. 165 BROADWAY NY, NY 10006-1404	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EILEEN M. EHLERS ASST.VP-Underwr 7045 College Boulevard Overland Park, KS 66211-1523	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RYAN DYLAN GIBBONS ASST.VP-TAX 1400 American Lane Schaumburg, IL 60196-1056	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARGARET LABNO ASST. VP - TAX 1400 American Lane Schaumburg, IL 60196-1056	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATT WOLF ASST. VP, Act. 165 Broadway ONE LIBERTY PLAZA NY, NY 10006-1404	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID DAMPMAN ASST SECRETARY 7045 College Boulevard Overland Park,, KS 66211-1523	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: LISA BALTAZAR TITLE: ASST SECRETARY ADDRESS: 165 BROADWAY ONE LIBERTY PLAZA CITY/ST/ZIP/CO: NY, NY 10006-1404	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ERIC CHANDLER TITLE: ASST SECRETARY ADDRESS: 3003 77TH AVE SE CITY/ST/ZIP/CO: MERCER ISLAND, WA 98040	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JON NAGEL TITLE: ASST SECRETARY ADDRESS: 165 BROADWAY ONE LIBERTY PLAZA CITY/ST/ZIP/CO: NY, NY 10006-1404	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JUANITA THOMAS TITLE: ASST SECRETARY ADDRESS: 1114 Georgia Street CITY/ST/ZIP/CO: Louisiana, MO 63353	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: CRAIG TOFFOLO TITLE: ASST SECRETARY ADDRESS: 165 BROADWAY ONE LIBERTY PLAZA CITY/ST/ZIP/CO: NY, NY 10006-1404	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TRACY PEBBLES TITLE: CCO OF SEP. ACC ADDRESS: 3003 77TH AVE SE CITY/ST/ZIP/CO: MERCER ISLAND, WA 98040	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ LEEANN GLADYS BADGETT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LEEANN GLADYS BADGETT, ASSISTANT VP PRINTED NAME AND CORPORATE TITLE
6/17/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	