STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
70280	The Zurich Services Corporation			
3. Street Address Principal Business Office		City	State	Zip
1400 AMERICAN LANE		SCHAUMBURG	IL	60196-01056
4. Business Phone No.	5. State of Incorporation			6. SIC Code
8476056587	ILLINOIS			5744

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE RISK MANAGEMENT SERVICES, INCLUDING CLAIMS, LOSS CONTROL, AND INFORMATION MANAGEMENT SERVICES.

President Name			Vice President Name		
James Engel			Michael A. Fortune		
Street Address			Street Address		
1400 American Lane			1400 American Lane		
City	State	Zip	City	State	Zip
Schaumburg	IL	60196	Schaumburg	IL	60196
Secretary Name			Treasurer Name		
David A. Bowers			Martin Braun		
Street Address			Street Address		
1400 American Lane			1400 American Lane		
City	State	Zip	City	State	Zip
Schaumburg	IL	60196	Schaumburg	IL	60196

Director Name			Director Name		
James Engel			Martin Braun		
Street Address			Street Address		
1400 American Lane			1400 American Lane		
City	State	Zip	City	State	Zip
Schaumburg	IL	60196	Schaumburg	IL	60196
Director Name			Director Name		
Michael A. Fortune					
Street Address			Street Address		
1400 American Lane					
City	State	Zip	City	State	Zip
Schaumburg	IL	60196			

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMM $10.00 PAR VALUE			100	Common	$10

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] 7 0 2 8 0 [redacted]

70280 FBC 01/22/04 04:14:58 PM
File Date RECEIVED
Check No. FEB 02 2004 7362
By: BY
FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer *Date*

David A. Bowers, Secretary
Print or Type Name of Officer

Title of Officer

Form 630 12/01