

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 839686

1. Entity Name

ALLIANZ INSURANCE COMPANY

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90004 033 \*\*\*150.00

Principal Place of Business

3400 RIVERSIDE DR.  
SUITE 300  
BURBANK CA 91505  
US

Mailing Address

3400 RIVERSIDE DR.  
SUITE 300  
BURBANK CA 91510-7780  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-3187355

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32304

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input type="checkbox"/> Delete
NAME	SCHUNK, WOLFGANG	
STREET ADDRESS	8885 HOLLYWOOD HILLS RD	
CITY-ST-ZIP	LOS ANGELES CA 90046	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARE, TREVOR E	
STREET ADDRESS	5151 BALBOA BLVD., #210	
CITY-ST-ZIP	ENCINO CA 91316	
TITLE	V	<input type="checkbox"/> Delete
NAME	PECK, ROBERT T.	
STREET ADDRESS	1526 EL VERANO DR.	
CITY-ST-ZIP	THOUSAND OAKS CA 91362	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	KADUK, PAUL D	
STREET ADDRESS	3455 TRAILVIEW COURT.	
CITY-ST-ZIP	THOUSAND OAKS CA 91360	
TITLE	V	<input type="checkbox"/> Delete
NAME	SORENSEN, BRENT A	
STREET ADDRESS	3485 LANDFAIR RD	
CITY-ST-ZIP	PASADENA CA 91107	
TITLE	V	<input type="checkbox"/> Delete
NAME	REINHARD, FRANKE	
STREET ADDRESS	8616 ALLENWOOD RD	
CITY-ST-ZIP	LOS ANGELES CA 90046	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Paul D. Kaduk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL D. KADUK

1-20-2000

(800) 421-0504

Date

Daytime Phone #

CR2E034 (9/99)