


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10PZ

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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06 OCT 10 PM 2:35

DOCUMENT # 839686

1. Corporation Name

Allianz Global Risks US Insurance Company

2. Principal Office Address

2350 Empire Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 7780

Suite, Apt. #, etc.

City & State

Burbank, CA

City & State

Burbank, CA

Zip

91504

Country

US

Zip

91510

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

Dec 16, 1977

5. FEI Number

95-3187355

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Florida Chief Financial Officer

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

200 E. Gaines Street, POB 6200

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32399

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Wolfgang Schatz	225 Washington St	Chicago, IL 60606
VT	Norbert Lommer	225 Washington St	Chicago, IL 60606
VS	Julie A. Garrison	225 Washington St	Chicago, IL 60606
V	Brent Sorenson	3485 Landfair Road	Pasadena, CA 91107

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael OCT 10 2009

September 29, 2006

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

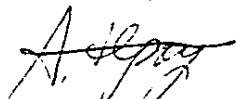
Re: Reinstatement to Active Status

Dear Sir or Madam:

Enclosed please find a completed application for Corporation Reinstatement in Florida by Allianz Global Risks US Insurance Company. Also enclosed you will find a check in the amount of \$308.75 as the filing fee calculated from the Sunbiz webpage. We request a waiver of the \$600 reinstatement fee since we did not receive notice from Florida that this filing was due.

Please contact me at 818-260-7408 or aalpay@aic-allianz.com if you need additional information.

Yours truly,


Ayse C. Alpay