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JULIA T. CORPORACTIONS
TALLAHASSEE, FLORIDA

J. BRYAN JUL 18 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Allianz of America, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Melissa O'Donnell
(Name of Person)
Allianz Life Insurance Company of North America
(Firm/Company)
P.O. Box 1344
(Address)
Minneapolis, MN 55440
(City/State and Zip code)

For further information concerning this matter, please call:

Melissa O'Donnell at (763) 765-6692
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Allianz of America, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 15, 1976 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 55 Greens Farms Road, Westport, CT 06881
(Principal office address)
- Same as above
(Current mailing address)

8. Holding company activities for various insurance & property holding company
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Lauren Greco **Lauren Greco**
Assistant Secretary
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: See attached list

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS See attached list

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____ Ronald M. Clark

(Typed or printed name and capacity of person signing application)

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

DIRECTORS OF ALLIANZ OF AMERICA, INC.

NAME	BUSINESS ADDRESS
Michael Diekmann, Chairman	777 San Marin Drive Novato, CA 94998
Dr. Paul Achleitner	P.O. Box D-70151 Stuttgart, Germany
Jan Carendi	777 San Marin Drive Novato, CA 94998
Ronald M. Clark	55 Greens Farms Road Westport, CT 06881

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TALLAHASSEE, FLORIDA

OFFICERS OF ALLIANZ OF AMERICA, INC.

NAME	TITLE	BUSINESS ADDRESS
Jan Carendi	CEO and President	777 San Marin Drive Novato, CA 94998
Ronald M. Clark	CIO and Treasurer	55 Greens Farms Road Westport, CT 06881
Ted Sullivan	COO and Secretary	55 Greens Farms Road Westport, CT 06881
Gary Brown	Vice President, Managing Director, Public Securities	55 Greens Farms Road Westport, CT 06881
Wendell Kurtz	Vice President, Managing Director, Commercial Properties	55 Greens Farms Road Westport, CT 06881
Ray Gebhardt	Assistant Secretary	55 Greens Farms Road Westport, CT 06881

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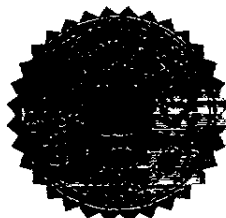
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALLIANZ OF AMERICA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF MAY, A.D. 2003.

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TALLAHASSEE, FLORIDA



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 2440929

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DATE: 05-28-03