

F10000004823Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6361

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368***RE-SUBMIT*****Please retain original filing
date of submission 11/2/16**

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION**Aviva USA Corporation**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$1,020.00

Electronic Filing Menu

Corporate Filing Menu

Help

J. Shivers NOV 04 2010



November 3, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT

SUBJECT: AVIVA USA CORPORATION
REF: W10000051407

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6929.

Justin M Shivers
Regulatory Specialist II
New Filing Section

FAX Aud. #: E10000238749
Letter Number: 610A00025857

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Aviva USA Corporation
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," or "Certificate of Good Standing" 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:

Jane F. Walker, Assistant Secretary

Name of Person

Aviva USA Corporation

Firm/Company

7700 Mills Civic Parkway

Address

West Des Moines, IA 50266

City/State and Zip code

jane.walker@avivausa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jane Walker

at

515

342-3459

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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

2010 NOV -2 AM 11:07
TALLAHASSEE, FL 32301

**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. Aviva USA Corporation

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Iowa 3. 42-1458424

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. 06/30/1996

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 11/30/2007

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7700 Mills Civic Parkway, West Des Moines, IA 50266

(Principal office address)

same

(Current mailing address)

8. Insurance 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 NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

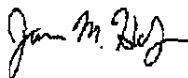
(City)

(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.

C T Corporation System



James M. Halpin
Assistant Secretary

By: _____

(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.

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TALLAHASSEE, FLORIDA

A. DIRECTORS SEE ATTACHMENT

Naples, FL 34110

Address:

Director:

Address:

Director:

Address:

President:

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer: Brenda J Cushing

Address: 7700 Mills Civic Parkway, West Des Moines, IA 50266

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

13.

(Signature of Director or Officer listed in number 12 of the application)

५

June F. Walker, Asst. Secretary

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

FL019 - 03-25-2010 C T Filing Manager Online

**Attachment to Florida
Officers & Directors**

- 1 Full Name: Christopher J Littlefield
Officer/Director: Officer, Director
Officer's Title: President and CEO
Director's Title: Director
Business Address: 7700 Mills Civic Parkway
City: West Des Moines
State: IA
ZIP Code: 50266
- 2 Full Name: Mark V Heitz
Officer/Director: Officer
Officer's Title: Executive Vice President
Director's Title:
Business Address: 555 S. Kansas Avenue
City: Topeka
State: KS
ZIP Code: 66603
- 3 Full Name: Michael H Miller
Officer/Director: Officer
Officer's Title: Executive Vice President, General Counsel
and Secretary
Director's Title:
Business Address: 7700 Mills Civic Parkway
City: West Des Moines
State: IA
ZIP Code: 50266
- 4 Full Name: John D Currier Jr.
Officer/Director: Officer
Officer's Title: Executive Vice President and Chief Actuary
Director's Title:
Business Address: 7700 Mills Civic Parkway
City: West Des Moines
State: IA
ZIP Code: 50266

2019 NOV -2 AM 11:07
CALHESSEE, FLORIDA

2019 NOV -2 AM 11:07

5	Full Name:	Nader F Darehshori
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	44 Carisbrooke Road
	City:	Wellesley
	State:	MA
	ZIP Code:	02481
6	Full Name:	Claudine B Malone
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	700 Belgrove
	City:	McLean
	State:	VA
	ZIP Code:	22101
7	Full Name:	Heidi L Steiger
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	94 Pine Hill Road
	City:	Tuxedo Park
	State:	NY
	ZIP Code:	10987
8	Full Name:	Igal Mayer
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	300 N. LaSalle, Suite 1700
	City:	Chicago
	State:	IL
	ZIP Code:	60654-3414
9	Full Name:	Philip G. Scott
	Officer/Director:	Director
	Officer's Title:	

STANDARD
FALLAHASSEE, FL 33477

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01157

Director's Title: Director
Business Address: Whitegate Farm Burgh St. Margaret
City: Norfolk
State: UK
ZIP Code: ~~00000~~ NR29 3DB
10 Full Name: William J. Bawden
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 60 Crescent Road
City: Toronto
State: ON
ZIP Code: ~~00000~~ M4W 1T5

STOCK MARKET
TALLAHASSEE, FLORIDA

2010 NOV -2 AM 11:07

011 010

**IOWA SECRETARY OF STATE
MICHAEL A. MAURO**



Date: 11/1/2010

CERTIFICATE OF EXISTENCE

Name: AVIVA USA CORPORATION (490 DP - 196806)
Date of Incorporation: 6/30/1996
Duration: PERPETUAL

2010 NOV -2 AM 11:07
RECEIVED
TALLAHASSEE, FL 32301

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report required has been filed by the Secretary of State, and that articles of dissolution have not been filed.

Certificate ID: CS46750
To validate this certificate please visit the following web site and enter the certificate ID.
www.sos.state.ia.us/ValidateCertificate

Michael A. Mauro
MICHAEL A. MAURO SECRETARY OF STATE