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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2006 MAR 21 PM 2:25  
TALLAHASSEE, FLORIDA

J. BRYAN MAR 24 2006

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** USA Allianz Investor Services, LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

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)

5701 Golden Hills Drive

(Address)

Minneapolis, MN 55416

(City/State and Zip Code)

For further information concerning this matter, please call:

Melissa O'Donnell

(Name of Person)

at ( 763 ) 765-6692

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

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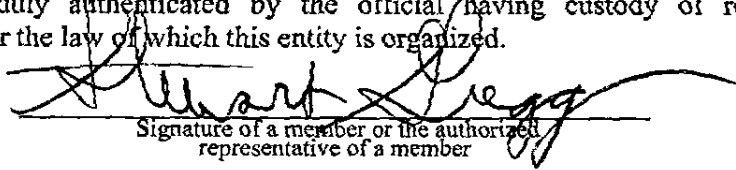
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO  
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: USAllianz Investor Services, LLC
2. Jurisdiction of its organization: Minnesota
3. Date authorized to do business in Florida: 8-13-1997

**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 10-18-2005
5. New name of the limited liability company: Allianz Life Financial Services, LLC
6. If the amendment changes the period of duration, indicate new period of duration:  
\_\_\_\_\_
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
\_\_\_\_\_
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: \_\_\_\_\_  
\_\_\_\_\_
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of a member or the authorized representative of a member

Stewart Gregg, Secretary

Typed or printed name of signee

**Filing Fee: \$25.00**

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State of Minnesota

**SECRETARY OF STATE**

Certificate of Name Change

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that the limited liability company listed below filed an amendment of its articles of organization, or, in the case of a non-Minnesota limited liability company, a certificate evidencing an amendment of its articles of organization, changing its name with this office on the date listed below, and that the limited liability company has complied with the relevant laws of Minnesota with respect to that filing.

Old Name:

USAllianz Investor Services, LLC

New Name:

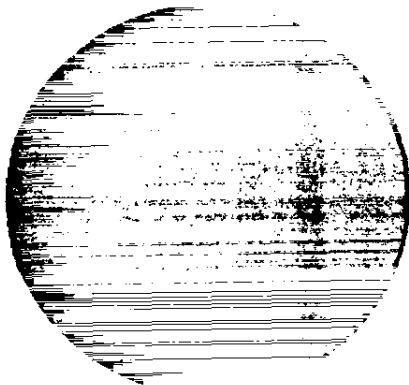
Allianz Life Financial Services, LLC

State of Organization: Minnesota

Date Amendment Filed: October 18, 2005

This certificate has been issued on October 27, 2005.

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TALLAHASSEE, FLORIDA



*Mary Kiffmeyer*  
Secretary of State.