

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 839686

Entity Name: ALLIANZ GLOBAL RISKS US INSURANCE COMPANY**Current Principal Place of Business:**225 W. WASHINGTON STREET
SUITE 1800
CHICAGO, IL 60606-3484**Current Mailing Address:**225 WEST WASHINGTON STREET
SUITE 1800
CHICAGO, IL 60606 US**FEI Number:** 95-3187355**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
BOX 6200
TALLAHASSEE, FL 32399-0000 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name RENN, DOUGLAS R.
Address 225 WEST WASHINGTON STREET
SUITE 1800
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name FISCHER, CHRISTOPH T.
Address FRITZ-SCHAFFER
STRASSE 9
City-State-Zip: MUNCHEN GERMANY 81737

Title SECRETARY
Name GARRISON, JULIE A.
Address 225 WEST WASHINGTON STREET
SUITE 1800
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name CONWAY, DAVID L.
Address 1043 THORNBERRY CREEK DRIVE
City-State-Zip: ONEIDA WI 54155

Title DIRECTOR
Name PENNYCUICK, DOUGLAS
Address ASHURST MAIN ROAD
ITCHEN ABBAS
City-State-Zip: WINCHESTER HANTS 50211AT

Title DIRECTOR
Name FULLGRAF, LUTZ KAI
Address 23 STRATHEDEN ROAD
City-State-Zip: TORONTO ONTARIO M4N 1E2

Title DIRECTOR
Name BOVERMANN, BRIGITTE
Address KONIGSTRASSE 28
City-State-Zip: MUNCHEN 80802

Title DIRECTOR
Name KLINGSPOR, NINA
Address FRITZ-SCHAFFER
STRASSE 9
City-State-Zip: MUNCHEN GERMANY 81737

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JULIE A. GARRISON**SECRETARY****04/11/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT
Name SCALDAFERRI, WILLIAM
Address 28 LIBERTY STREET . 37TH FLOOR
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR
Name NOE, KATALIN I.
Address 225 WEST WASHINGTON STREET
 SUITE 1800
City-State-Zip: CHICAGO IL 60606

Title TREASURER
Name RENN, DOUGLAS R.
Address 225 WEST WASHINGTON STREET
 SUITE 1800
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name SCALDAFERRI, WILLIAM
Address 28 LIBERTY STREET . 37TH FLOOR
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR
Name GARRISON, JULIE A.
Address 225 WEST WASHINGTON STREET
 SUITE 1800
City-State-Zip: CHICAGO IL 60606