

2019 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 W. WASHINGTON STREET
SUITE 1800
CHICAGO, IL 60606-3484 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 KATALIN, NOE I.
Address 225 WEST WASHINGTON STREET
SUITE 1800
City-State-Zip: CHICAGO IL 60606

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

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

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

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

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

Title VP
Name PETER, LOCY R.
Address 225 WEST WASHINGTON STREET
SUITE 1800
City-State-Zip: CHICAGO IL 60606

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

Continues on page 2

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: GARRISON, JULIE A.**SECRETARY****03/18/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CARSTEN, SCHEFFEL
Address	4057 JILEM CT.
City-State-Zip:	SEVERN ONTARIO L3V 0E8