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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 846348 (1)

1. Corporation Name

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA



Principal Place of Business

1750 HENNEPIN AVENUE
MINNEAPOLIS MN 55403

Mailing Address

1750 HENNEPIN AVENUE
MINNEAPOLIS MN 55403

3. Date Incorporated or Qualified

06/26/1980

3a. Date of Last Report

04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA, THE CAPITOL
TALLAHASSEE FL 32301

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

NOTE: Registered Agent Signature Required When Changing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	GERHARD RUPPRECHT	
STREET ADDRESS	1750 HENNEPIN AVE	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	GROVE, ALAN A	
STREET ADDRESS	1750 HENNEPIN	
CITY-ST-ZIP	MINNEAPOLIS, MN 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HANSMEYER, HERBERT	
STREET ADDRESS	1750 HENNEPIN AVE	
CITY-ST-ZIP	MINNEAPOLIS, MN 00000	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BONACH, EDWARD	
STREET ADDRESS	1750 HENNEPIN	
CITY-ST-ZIP	MINNEAPOLIS, MN 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ANDERSON, LOWELL C	
STREET ADDRESS	1750 HENNEPIN	
CITY-ST-ZIP	MINNEAPOLIS, MN 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LOSAPIO, JAMES A	
STREET ADDRESS	1750 HENNEPIN AVE	
CITY-ST-ZIP	MINNEAPOLIS, MN 00000	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP-Corporate Legal

04-23-96

612/347-6679

CR2E034 (12/95)