2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jul 02, 2007 8:00 am Secretary of State **DOCUMENT #846348** 07-02-2007 90037 034 ***550 00 1. Entity Name ALLIANZ LIFE INSURANCE COMPANY OF NORTH **AMERICA** Principal Place of Business Mailing Address **5701 GOLDEN MILLS DRIVE** PO BOX 1344 MINNEAPOLIS, MN 55440-1344 MINNEAPOLIS, MN 55416-1297 2. Principal Place of Business - No P.O. Box # 5701 Golden Hills Drive 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06252007 Chg-P CR2E034 (12/06) Minneapous City & State 4. FEI Number Applied For mn 41-1366075 Not Applicable Zip Country \$8.75 Additional 210 55416-097 5. Certificate of Status Desired U SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 Zio Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. of a SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. CEDID ☐ Delete Addition TITLE TITLE ☐ Change GARY BHOUWANI CARENI, JAN R NAME NAME 5701 GOLDEN HILLS DIZIVE STREET ADDRESS 5701 GOLDEN HILLS DRIVE STREET ADDRESS MINNEAROUS MN 56416 CITY-ST-78 MINNEAPOLIS, MN 55416 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change CHARLES KHVITSKY NAME CAMPBELL, TYRUS R NAME 5701 GOLDEN HILLS DRIVE STREET ADDRESS 5701 GOLDEN HILLS DRIVE STREET ADDRESS MINNEAPOUS MN 5546 CITY-ST-ZIP MINNEAPOLIS, MN 55416 CITY-ST-ZIP Delete Addition TITLE TITLE CFOID ☐ Change CAMPBELL, JAMES R NAME NAME JILL PATERSON STREET ADDRESS 5701 GOLDEN HILLS DRIVE 5701 GOLDEN HILLS DELUG STREET ADDRESS CITY-ST-ZIP MINNEAPOLIS, MN 55416 CITY-ST-ZIP MINNEAPOLIS KUN 5546 Change TITLE ☐ Delete Addition DR HELMET PERLET ROBINSON, WAYNE A NAME NAME STREET ADDRESS 5701 GOLDEN HILLS DR STREET ADDRESS STOI GOLDEN HILLS DRIVE MINNEARCHS MN 55416 CITY-ST-ZIP MINNEAPOLIS, MN 55416 CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change DEASE, DENNIS NAME NAME STREET ADDRESS 5701 GOLDEN HILLS DRIVE STREET ADDRESS CITY-ST-ZIP MINNEAPOLIS, MN 55416 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE MACDONALD, ROBERT W NAME NAME 5701 GOLDEN HILLS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MINNEAPOLIS, MN 55416 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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 of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6125107

Date

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