

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846348

FILED
Apr 06, 2010
Secretary of State

Entity Name: ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

Current Principal Place of Business:

5701 GOLDEN HILLS DRIVE
MINNEAPOLIS, MN 55416

New Principal Place of Business:

Current Mailing Address:

5701 GOLDEN HILLS DRIVE
MINNEAPOLIS, MN 55416

New Mailing Address:

FEI Number: 41-1366075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCED
Name: BHOJWANI, GARY C PCEODIR
Address: 5701 GOLDEN HILLS DRIVE
City-St-Zip: MINNEAPOLIS, MN 55416

Title: SEC
Name: PHILIPS, MAUREEN SEC
Address: 5701 GOLDEN HILLS DRIVE
City-St-Zip: MINNEAPOLIS, MN 55416

Title: VCFD
Name: TERZARIOL, GIULIO VCFODIR
Address: 5701 GOLDEN HILLS DRIVE
City-St-Zip: MINNEAPOLIS, MN 55416

Title: DIR
Name: BOVERMANN,, BRIGITTE DIR
Address: 5701 GOLDEN HILLS DRIVE
City-St-Zip: MINNEAPOLIS, MN 55416

Title: DIR
Name: PERLET, HELMUT DIR
Address: 5701 GOLDEN HILLS DRIVE
City-St-Zip: MINNEAPOLIS, MN 55416

Title: DIR
Name: RALPH, JAY DIR
Address: 5701 GOLDEN HILLS DRIVE
City-St-Zip: MINNEAPOLIS, MN 55416

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: LAURA LOUIS

POA

04/06/2010

Electronic Signature of Signing Officer or Director

Date