

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000719

FILED
Apr 06, 2010
Secretary of State

Entity Name: ALLIANZ LIFE AND ANNUITY COMPANY

Current Principal Place of Business:

5701 GOLDEN HILLS DR.
MINNEAPOLIS, MN 55416

New Principal Place of Business:

Current Mailing Address:

5701 GOLDEN HILLS DR.
MINNEAPOLIS, MN 55416

New Mailing Address:

FEI Number: 59-2378916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DR.
City-St-Zip: MINNEAPOLIS, MN 55416

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

Title: ASEC
Name: VON OHLEN, H. BERNT ASSEC
Address: 5701 GOLDEN HILLS DR.
City-St-Zip: MINNEAPOLIS, MN 55416

Title: TDCF
Name: TERZARIOL, GIULIO TREDCEO
Address: 5701 GOLDEN HILLS DR.
City-St-Zip: MINNEAPOLIS, MN 55416

Title: DIR
Name: ZEHREN, AXEL DIR
Address: 5701 GOLDEN HILLS DR.
City-St-Zip: MINNEAPOLIS, MN 55416

Title: DIR
Name: WHITE, WALTER DIR
Address: 5701 GOLDEN HILLS DR.
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