

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000719

FILED  
Apr 26, 2011  
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:**

5701 GOLDEN HILLS DR.  
MINNEAPOLIS, MN 55416 US

**Current Mailing Address:**

5701 GOLDEN HILLS DR.  
MINNEAPOLIS, MN 55416

**New Mailing Address:**

5701 GOLDEN HILLS DR.  
MINNEAPOLIS, MN 55416 US

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BHOJWANI, GARY C PD  
Address: 5701 GOLDEN HILLS DR.  
City-St-Zip: MINNEAPOLIS, MN 55416 US

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

Title: AT  
Name: SCHAUS, SARAH AT  
Address: 5701 GOLDEN HILLS DR.  
City-St-Zip: MINNEAPOLIS, MN 55416 US

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

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

Title: DIR  
Name: WHITE, WALTER DIR  
Address: 5701 GOLDEN HILLS DR.  
City-St-Zip: MINNEAPOLIS, MN 55416 US

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

04/26/2011

Electronic Signature of Signing Officer or Director

Date