#### 2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 846348** 

Entity Name: ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

FILED
Mar 28, 2019
Secretary of State
3366422988CC

## **Current Principal Place of Business:**

5701 GOLDEN HILLS DRIVE MINNEAPOLIS, MN 55416-1297

### **Current Mailing Address:**

5701 GOLDEN HILLS DRIVE MINNEAPOLIS, MN 55416-1297 US

FEI Number: 41-1366075 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 US

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

#### Officer/Director Detail:

| Title PRESIDENT Title | SECRETARY |
|-----------------------|-----------|
|-----------------------|-----------|

Name WHITE, WALTER R Name CEPEK, GRETCHEN

Address 5701 GOLDEN HILLS DRIVE Address 5701 GOLDEN HILLS DRIVE

City-State-Zip: MINNEAPOLIS MN 55416-1297 City-State-Zip: MINNEAPOLIS MN 55416-1297

Title DIRECTOR Title DIRECTOR

Name WHITE, WALTER R Name WALKER, KEVIN E.

Address 5701 GOLDEN HILLS DRIVE Address 5701 GOLDEN HILLS DRIVE

City-State-Zip: MINNEAPOLIS MN 55416-1297 City-State-Zip: MINNEAPOLIS MN 55416-1297

Title DIRECTOR Title DIRECTOR

Name GAUMOND, WILLIAM E. Name FRANK, UDO

Address 5701 GOLDEN HILLS DRIVE Address 5701 GOLDEN HILLS DRIVE

City-State-Zip: MINNEAPOLIS MN 55416-1297 City-State-Zip: MINNEAPOLIS MN 55416-1297

Title DIRECTOR Title TREASURER

Name CLARK, RONALD M. Name GAUMOND, WILLIAM E.

Address 5701 GOLDEN HILLS DRIVE Address 5701 GOLDEN HILLS DRIVE

City-State-Zip: MINNEAPOLIS MN 55416-1297 City-State-Zip: MINNEAPOLIS MN 55416-1297

## Continues on page 2

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: GRETCHEN CEPEK SECRETARY 03/28/2019

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name HUNT, JACQUELINE

Address 5701 GOLDEN HILLS DRIVE
City-State-Zip: MINNEAPOLIS MN 55416-1297