

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 846348

**Entity Name:** ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

**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  
P O BOX 6200 (32314-6200)  
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 DIRECTOR, PRESIDENT AND CHIEF  
EXECUTIVE OFFICER

Name WHITE, WALTER

Address 5701 GOLDEN HILLS DRIVE

City-State-Zip: MINNEAPOLIS MN 55416-1297

Title DIRECTOR, SENIOR VICE PRESIDENT  
AND CHIEF FINANCIAL OFFICER

Name TERZARIOL, GIULIO

Address 5701 GOLDEN HILLS DRIVE

City-State-Zip: MINNEAPOLIS MN 55416-1297

Title SENIOR VICE PRESIDENT, GENERAL  
COUNSEL AND SECRETARY

Name CEPEK, GRETCHEN

Address 5701 GOLDEN HILLS DRIVE

City-State-Zip: MINNEAPOLIS MN 55416-1297

*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:** CEPEK , GRETCHEN

SENIOR VICE  
PRESIDENT, GENERAL  
COUNSEL AND SECRETA

04/10/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date