

2023 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
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
Name	FRANK, UDO
Address	5701 GOLDEN HILLS DRIVE
City-State-Zip:	MINNEAPOLIS MN 55416-1297

Title	VICE PRESIDENT TRESURER
Name	THOMES, , ERIC J.
Address	5701 GOLDEN HILLS DRIVE
City-State-Zip:	MINNEAPOLIS MN 55416-1297

Title	SECRETARY
Name	GRETCHEN, CEPEK
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: GRETCHEN , CEPEK**SECRETARY****03/30/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date