

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 16, 2015
Secretary of State
CC4726215827

Entity Name: ALLIANZ LIFE AND ANNUITY COMPANY

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: 59-2378916

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 CHAIRMAN, DIRECTOR, CHIEF
EXECUTIVE OFFICER AND
PRESIDENT

Name WHITE, WALTER
Address 5701 GOLDEN HILLS DRIVE
City-State-Zip: MINNEAPOLIS MN 55416-1297

Title DIRECTOR, CFO, TREASURER
Name TERZARIOL, GIULIO
Address 5701 GOLDEN HILLS DRIVE
City-State-Zip: MINNEAPOLIS MN 55416-1297

Title DIRECTOR
Name BURNS, THOMAS P.
Address 5701 GOLDEN HILLS DRIVE
City-State-Zip: MINNEAPOLIS MN 55416-1297

Title DIRECTOR
Name QUITTER, CARSTEN
Address 5701 GOLDEN HILLS DRIVE
City-State-Zip: MINNEAPOLIS MN 55416-1297

Title ASST. SECRETARY

Name HARDY, TRACY M.

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

Title SECRETARY

Name CEPEK, GRETCHEN

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

Title DIRECTOR

Name MCKAY, NEIL

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: TRACY M. HARDY

ASST. SECRETARY

04/16/2015

Electronic Signature of Signing Officer/Director Detail

Date