

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000000719

**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, CHIEF EXECUTIVE  
OFFICER AND PRESIDENT  
Name WHITE, WALTER  
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 DIRECTOR, CFO, TREASURER  
Name TERZARIOL, GIULIO  
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

*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**

**04/05/2014**

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

\_\_\_\_\_  
Date