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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **846348** **(1)**

1. Corporation Name
ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

Principal Place of Business
1750 HENNEPIN AVENUE
MINNEAPOLIS MN 55403

Mailing Address
1750 HENNEPIN AVENUE
MINNEAPOLIS MN 55403-2115

3. Date Incorporated or Qualified: **06/26/1980**
3a. Date of Last Report: **04/25/1996**

2. Principal Place of Business
21 Street Address
22 City & State
23 Zip / Country 24 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip / Country 29 30

4. FEI Number: **41-1366075** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
STATE OF FLORIDA, THE CAPITOL
TALLAHASSEE FL FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GERHARD RUPPRECHT	1.2 NAME	
STREET ADDRESS	1750 HENNEPIN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIZ MN	1.4 CITY-ST-ZIP	
TITLE	VS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GROVE, ALAN A	2.2 NAME	
STREET ADDRESS	1750 HENNEPIN	2.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS, MN 00000	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HANSMEYER, HERBERT	3.2 NAME	
STREET ADDRESS	1750 HENNEPIN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS, MN 00000	3.4 CITY-ST-ZIP	
TITLE	VT ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BONACH, EDWARD	4.2 NAME	
STREET ADDRESS	1750 HENNEPIN	4.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS, MN 00000	4.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, LOWELL C	5.2 NAME	
STREET ADDRESS	1750 HENNEPIN	5.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS, MN 00000	5.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LOSAPIO, JAMES A	6.2 NAME	
STREET ADDRESS	1750 HENNEPIN AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS, MN 00000	6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] VP - Corporate Legal 2/26/97 612/347-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #