

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/26/1980	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

Signature, typed or printed name of registered agent and title if applicable

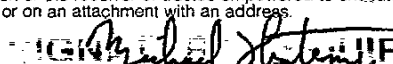
(NOTE: Registered Agent signature required when reinstating)

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	MINNEAPOLIS MN	1.4 CITY-ST-ZIP	
TITLE	VS ☐ DELETE	2.1 TITLE	VS ☒ Change ☐ Addition
NAME	GROVE, ALAN A	2.2 NAME	Westermeyer, Michael T
STREET ADDRESS	1750 HENNEPIN	2.3 STREET ADDRESS	1750 Hennepin Avenue
CITY-ST-ZIP	MINNEAPOLIS, MN 00000	2.4 CITY-ST-ZIP	Minneapolis, MN 55403
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	

14. I hereby certify that the information supplied 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP-Corporate Legal

1-15-98

347-6596

Date

Daytime Phone #

0502577

CR2E034 (10/97)