

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
03-12-2001 90492 025 ***150.00

DOCUMENT # 846348

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-1366075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
STATE OF FLORIDA, THE CAPITOL
TALLAHASSEE FL FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERHARD RUPPRECHT 1750 HENNEPIN AVE MINNEAPOLIS MN	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WESTERMAYER, MICHAEL T 1750 HENNEPIN MINNEAPOLIS, MN 00000 55403	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSMEYER, HERBERT 1750 HENNEPIN AVE MINNEAPOLIS, MN 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BONACH, EDWARD 1750 HENNEPIN AVE MINNEAPOLIS MN 55403-2195	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, LOWELL C 1750 HENNEPIN AVE MINNEAPOLIS MN 55403-2195	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC MACDONALD, ROBERT 1750 HENNEPIN AVE MINNEAPOLIS MN 55403-2195	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PEPIN, SUZANNE J 1750 HENNEPIN AVE MINNEAPOLIS, MN 55403	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, KEVIN E 1750 HENNEPIN AVE MINNEAPOLIS, MN 55403	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUGHES, MARGERY G 1750 HENNEPIN AVE MINNEAPOLIS, MN 55403	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MACDONALD, ROBERT 1750 HENNEPIN AVE MINNEAPOLIS, MN 55403	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin E. Walker

3/1/01

763-582-6034

Date

Daytime Phone #

CR2E034 (10/00)