2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State
03-27-2008 90036 034 ***150.00

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1. Entity Name
ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

Principal Place of Business	Mailing Address
5701 GOLDEN HILLS DRIVE MINNEAPOLIS, MN 55416-1297	PO BOX 1344 MINNEAPOLIS, MN 55440-1344

03132008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	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

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARENI, JAN R 5701 GOLDEN HILLS DRIVE MINNEAPOLIS, MN 55416	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition JAN R. CARENDI KONIGINSTRABE 28 MUNICH, GERMANY 80802
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CAMPBELL, TYRUS R 5701 GOLDEN HILLS DRIVE MINNEAPOLIS, MN 55416	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition T LINDA EASTES WRIGHT 777 SAN MARIN DRIVE NOVATO, CA 94998
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD BHOJWANI, GARY 5701 GOLDEN HILLS DR MINNEAPOLIS, MN 55416	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS ROBINSON, WAYNE A 5701 GOLDEN HILLS DR MINNEAPOLIS, MN 55416	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition VS CYNTHIA PEVEHOUSE 777 SAN MARIN DRIVE NOVATO, CA 94998
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOD PATTERSON, JILL ~~5701 GOLDEN HILLS DRIVE~~ ~~MINNEAPOLIS, MN 55416~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 777 SAN MARIN DRIVE NOVATO, CA 94998
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERLET, HELMET DR 5701 GOLDEN HILLS DRIVE MINNEAPOLIS, MN 55416	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition KONIGINSTRABE 28 MUNICH, GERMANY 80802

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/20/2008 763-765-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #