

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846348

FILED
Apr 03, 2012
Secretary of State

Entity Name: ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

Current Principal Place of Business:

5701 GOLDEN HILLS DRIVE
MINNEAPOLIS, MN 55416 US

New Principal Place of Business:

5701 GOLDEN HILLS DRIVE
MINNEAPOLIS, MN 554161297 US

Current Mailing Address:

5701 GOLDEN HILLS DRIVE
MINNEAPOLIS, MN 55416 US

New Mailing Address:

5701 GOLDEN HILLS DRIVE
MINNEAPOLIS, MN 554161297 US

FEI Number: 41-1366075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: WHITE, WALTER PCEO
Address: 5701 GOLDEN HILLS DRIVE
City-St-Zip: MINNEAPOLIS, MN 554161297 US

Title: VP
Name: SCANLON, NICOLE VP
Address: 5701 GOLDEN HILLS DRIVE
City-St-Zip: MINNEAPOLIS, MN 554161297 US

Title: SEC
Name: CEPEK, GRETCHEN SEC
Address: 5701 GOLDEN HILLS DRIVE
City-St-Zip: MINNEAPOLIS, MN 554161297 US

Title: CFOD
Name: TERZARIOL, GIULIO CFOD
Address: 5701 GOLDEN HILLS DRIVE
City-St-Zip: MINNEAPOLIS, MN 554161297 US

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: LAURA LOUIS

POA

04/03/2012

Electronic Signature of Signing Officer or Director

Date