

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90072 009 ***150.00

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1. Entity Name
ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA



Principal Place of Business
**5701 GOLDEN MILLS DRIVE
MINNEAPOLIS MN 55416-1297**

Mailing Address
**PO BOX 1344
MINNEAPOLIS MN 55440-1344**



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**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERHARD RUPPRECHT, Jr. 5701 GOLDEN HILLS DRIVE MINNEAPOLIS MN 55416	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PEPIN, SUZANNE J 5701 GOLDEN HILLS DRIVE MINNEAPOLIS MN 55416	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, JAMES R 5701 GOLDEN HILLS DRIVE MINNEAPOLIS MN 55416	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALKER, KEVIN E 5701 GOLDEN HILLS DRIVE MINNEAPOLIS MN 55416	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIEKMANN, MICHAEL 5701 GOLDEN HILLS DRIVE MINNEAPOLIS MN 55416	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MACDONALD, ROBERT W 5701 GOLDEN HILLS DRIVE MINNEAPOLIS MN 55416	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Zesbaugh, Mark A 5701 Golden Hills Drive Minneapolis, MN 55416	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P Kavitsky, Charles M 5701 Golden Hills Drive Minneapolis, MN 55416	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Saffert, Paul M 5701 Golden Hills Drive Minneapolis, MN 55416	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Reverend Dennis J. Dease 5701 Golden Hills Drive Minneapolis, MN 55416	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kimmit, Robert M. 5701 Golden Hills Drive Minneapolis, MN 55416	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sullivan, Michael P 5701 Golden Hills Drive Minneapolis, MN 55416	☐ Change ☒ Addition

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)