

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000503

FILED
Mar 19, 2009
Secretary of State

Entity Name: ALLIANZ LIFE FINANCIAL SERVICES, LLC

Current Principal Place of Business:

5701 GOLDEN HILLS DR
MINNEAPOLIS, MN 554161297

New Principal Place of Business:

5701 GOLDEN HILLS DR.
MINNEAPOLIS, MN 55416

Current Mailing Address:

5701 GOLDEN HILLS DR
MINNEAPOLIS, MN 554161297

New Mailing Address:

5701 GOLDEN HILLS DR.
MINNEAPOLIS, MN 55416

FEI Number: 41-1868049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FARLEY, CATHERINE
Address: 5701 GOLDEN HILLS DR
City-St-Zip: MINNEAPOLIS, MN 554161297

Title: V () Delete
Name: KLETTI, JEFF
Address: 5701 GOLDEN HILLS DR
City-St-Zip: MINNEAPOLIS, MN 554161297

Title: V (X) Delete
Name: LANGSETH, THOMAS
Address: 5701 GOLDEN HILLS DR
City-St-Zip: MINNEAPOLIS, MN 554161297

Title: V (X) Delete
Name: HEALEY, RICHARD
Address: 5701 GOLDEN HILLS DR
City-St-Zip: MINNEAPOLIS, MN 554161297

Title: V (X) Delete
Name: BRANDRIET, MICHAEL
Address: 5701 GOLDEN HILLS DR
City-St-Zip: MINNEAPOLIS, MN 554161297

Title: V (X) Delete
Name: WALTHER, COREY
Address: 5071 GOLDEN HILLS DR
City-St-Zip: MINNEAPOLIS, MN 55416

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DECHELLIS, ROBERT
Address: 5701 GOLDEN HILLS DR.
City-St-Zip: MINNEAPOLIS, MN 55416

Title: MGR (X) Change () Addition
Name: BURNS, THOMAS
Address: 5701 GOLDEN HILLS DR.
City-St-Zip: MINNEAPOLIS, MN 55416

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LAURA LOUIS

POA

03/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date