

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M97000000503

**Entity Name:** ALLIANZ LIFE FINANCIAL SERVICES, LLC**Current Principal Place of Business:**5701 GOLDEN HILLS DRIVE  
MINNEAPOLIS, MN 55416**Current Mailing Address:**5701 GOLDEN HILLS DRIVE  
MINNEAPOLIS, MN 55416 US**FEI Number: 41-1868049****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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**Authorized Person(s) Detail :**

Title	MANAGER
Name	BRANDRIET, MICHAEL
Address	5701 GOLDEN HILLS DRIVE
City-State-Zip:	MINNEAPOLIS MN 55416

Title	MANAGER
Name	GAUMOND, WILLIAM E.
Address	5701 GOLDEN HILLS DRIVE
City-State-Zip:	MINNEAPOLIS MN 55416

Title	MANAGER
Name	MAHONE, CATHERINE
Address	5701 GOLDEN HILLS DRIVE
City-State-Zip:	MINNEAPOLIS MN 55416

Title	MANAGER
Name	BURNS, THOMAS P.
Address	5701 GOLDEN HILLS DRIVE
City-State-Zip:	MINNEAPOLIS MN 55416

Title	MEMBER
Name	ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA
Address	5701 GOLDEN HILLS DRIVE
City-State-Zip:	MINNEAPOLIS MN 55416-1297

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA MEMBER****04/19/2018**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date