

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 846348

**Entity Name:** ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA**Current Principal Place of Business:**5701 GOLDEN HILLS DRIVE  
MINNEAPOLIS, MN 55416-1297**Current Mailing Address:**5701 GOLDEN HILLS DRIVE  
MINNEAPOLIS, MN 55416-1297 US**FEI Number:** 41-1366075**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 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

**Officer/Director Detail :**

Title            PRESIDENT, CEO  
Name            WHITE, WALTER R  
Address        5701 GOLDEN HILLS DRIVE  
City-State-Zip: MINNEAPOLIS MN 55416-1297

Title            SECRETARY  
Name            CEPEK, GRETCHEN  
Address        5701 GOLDEN HILLS DRIVE  
City-State-Zip: MINNEAPOLIS MN 55416-1297

Title            DIRECTOR  
Name            HUNT, JACQUELINE  
Address        5701 GOLDEN HILLS DRIVE  
City-State-Zip: MINNEAPOLIS MN 55416-1297

Title            DIRECTOR  
Name            WHITE, WALTER R  
Address        5701 GOLDEN HILLS DRIVE  
City-State-Zip: MINNEAPOLIS MN 55416-1297

Title            DIRECTOR  
Name            WALKER, KEVIN E.  
Address        5701 GOLDEN HILLS DRIVE  
City-State-Zip: MINNEAPOLIS MN 55416-1297

Title            DIRECTOR  
Name            GAUMOND, WILLIAM E.  
Address        5701 GOLDEN HILLS DRIVE  
City-State-Zip: MINNEAPOLIS MN 55416-1297

Title            DIRECTOR  
Name            FRANK, UDO  
Address        5701 GOLDEN HILLS DRIVE  
City-State-Zip: MINNEAPOLIS MN 55416-1297

Title            DIRECTOR  
Name            CLARK, RONALD M.  
Address        5701 GOLDEN HILLS DRIVE  
City-State-Zip: MINNEAPOLIS MN 55416-1297

**Continues on page 2**

*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:** GRETCHEN CEPEK**SECRETARY****04/09/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                                       |
|-----------------|---------------------------------------|
| Title           | SENIOR VICE PRESIDENT, CFO, TREASURER |
| Name            | GAUMOND, WILLIAM E.                   |
| Address         | 5701 GOLDEN HILLS DRIVE               |
| City-State-Zip: | MINNEAPOLIS MN 55416-1297             |