

SCC eFile  
(6/10)

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

211503933

1.) CORPORATION NAME:

**ALLIANZ LIFE INSURANCE COMPANY OF NORTH  
AMERICA**

DUE DATE: **3/31/2011**

SCC ID NO: **F0382509**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI  
C T CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED  |
|--------|-------------|
| COMMON | 20,000,000  |
| PREFER | 200,000,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5701 GOLDEN HILLS DRIVE

CITY/ST/ZIP: MINNEAPOLIS, MN 55416-1297

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: GARY C. BHOJWANI  
TITLE: PRES/CEO  
ADDRESS: 5701 GOLDEN HILLS DRIVE  
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55416-1297

OFFICER  DIRECTOR

NAME: GIULIO TERZARIOL  
TITLE: SVP/CFO  
ADDRESS: 5701 GOLDEN HILLS DRIVE  
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55416-1297

OFFICER  DIRECTOR

NAME: MAUREEN PHILLIPS  
TITLE: SVP/SEC/GC  
ADDRESS: 5701 GOLDEN HILLS DRIVE  
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55416-1297

OFFICER  DIRECTOR

NAME: TRACY HARDY  
TITLE: ASST SECRETARY  
ADDRESS: 5701 GOLDEN HILLS DRIVE  
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55416-1297

OFFICER  DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ TRACY HARDY TRACY HARDY, ASST SECRETARY 2/17/2011  
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT PRINTED NAME AND CORPORATE TITLE DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.