

1.) CORPORATION NAME:

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

DUE DATE: **3/31/2012**

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:	GIULIO TERZARIOL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP/CFO		
ADDRESS:	5701 GOLDEN HILLS DRIVE		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55416-1297		
NAME:	GARY C. BHOJWANI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5701 GOLDEN HILLS DRIVE		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55416-1297		
NAME:	GRETCHEN CEPEK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/GC/SEC/VP		
ADDRESS:	5701 GOLDEN HILLS DRIVE		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55416-1297		
NAME:	DALE E. LAUER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5701 GOLDEN HILLS DRIVE		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55416-1297		
NAME:	MICHAEL P. SULLIVAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5701 GOLDEN HILLS DRIVE		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55416-1297		

OFFICER DIRECTOR

NAME: WALTER WHITE
TITLE: DIRECTOR
ADDRESS: 5701 GOLDEN HILLS DRIVE
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55416-1297

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.

<u>/s/ GRETCHEN CEPEK</u>	<u>GRETCHEN CEPEK,</u>	<u>3/7/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>SVP/GC/SEC/VP</u> 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.