

SERFF Tracking Number: ALLC-126302635 State: Arkansas
Filing Company: Allianz Life Insurance Company of North America State Tracking Number: 43501
Company Tracking Number: VISION-WELLS FARGO APPLICATION F40474-WF
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Vision-Wells Fargo Application Aug 2009 F40474-WF
Project Name/Number: Vision-Wells Fargo Application Aug 2009 F40474-WF/Vision-Wells Fargo Application Aug 2009 F40474-WF

Filing at a Glance

Company: Allianz Life Insurance Company of North America

Product Name: Vision-Wells Fargo Application SERFF Tr Num: ALLC-126302635 State: Arkansas
Aug 2009 F40474-WF

TOI: A03I Individual Annuities - Deferred
Variable

SERFF Status: Closed-Approved-
Closed State Tr Num: 43501

Sub-TOI: A03I.002 Flexible Premium

Co Tr Num: VISION-WELLS State Status: Approved-Closed
FARGO APPLICATION F40474-
WF

Filing Type: Form

Reviewer(s): Linda Bird

Author: Patricia Evans

Disposition Date: 09/17/2009

Date Submitted: 09/14/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Vision-Wells Fargo Application Aug 2009 F40474-WF

Status of Filing in Domicile: Pending

Project Number: Vision-Wells Fargo Application Aug 2009 F40474-WF

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/17/2009

Explanation for Other Group Market Type:

State Status Changed: 09/17/2009

Deemer Date:

Created By: Patricia Evans

Submitted By: Patricia Evans

Corresponding Filing Tracking Number:

Filing Description:

Re: Allianz Life Insurance Company of North America/ NAIC # 90611 / FEIN #41-1366075

Individual Variable Annuity Application Filing – F40474-WF

The following form is enclosed for your review.

SERFF Tracking Number: ALLC-126302635 State: Arkansas
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 F40474-WF Variable Annuity Application

Please find the attached above referenced form submitted for review. The application is new and has never been used. Contract forms affiliated with the application will be sold through brokers in all markets. The form is being filed concurrently in Minnesota, our state of domicile. The effective date will be determined by your approval.

Application F40474-WF – is an application that will be used with previously approved contract form L40529 approved on 2/12/07, SERFF #ALLC-125089175 and form L40530 approved on 2/12/07, SERFF #ALLC-125096502. This application will only be used with specific broker dealers.

The form is submitted in final printed format except for slight font and formatting variations that may occur due to Allianz Life product printer configurations. Allianz Life takes care to assure that printer-based variations are minimized; however, should changes occur, such changes will not alter the content or meaning of any approved form.

Thank you for your consideration of this filing. If you have any questions, or if you need additional information to complete your review, please call me at 800.328.5601, extension 47135, send a fax to me at 763.765.6306, or send a note electronically to me at patricia.evans@Allianzlife.com.

Sincerely,

Patricia J. Evans
 Compliance Analyst

Company and Contact

Filing Contact Information

Patricia Evans, Compliance Analyst	Patricia.Evans@Allianzlife.com
5701 Golden Hills Drive	763-765-7135 [Phone]
Minneapolis, MN 55416	763-765-6306 [FAX]

Filing Company Information

Allianz Life Insurance Company of North America	CoCode: 90611	State of Domicile: Minnesota
5701 Golden Hills Drive	Group Code: 761	Company Type: 03
Minneapolis, MN 55416-1297	Group Name:	State ID Number:
(800) 328-5601 ext. [Phone]	FEIN Number: 41-1366075	

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Filing Fees

Fee Required? Yes
Fee Amount: \$125.00
Retaliatory? Yes
Fee Explanation: Retaliatory fee is greater than state fee of \$50/form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allianz Life Insurance Company of North America	\$125.00	09/14/2009	30530913

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/17/2009	09/17/2009

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	AR Certification		Yes
Form	Application		Yes

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Form Schedule

Lead Form Number: F40474-WF

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	F40474-WF	Application/ Application Enrollment Form	Initial		50.000	F40474-WF.pdf

[Allianz VisionSM] Variable Annuity Application

[DA _____]

1. Account registration

Ownership is Individual Qualified plan Custodian Trust (Include the date of trust in the name.)
 Charitable Trust Other _____

Owner

Individual Owner first name	MI	Last name	Jr., Sr., III
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Non-individual owner name (Attach Non- Individual Ownership form or Qualified Plan Acknowledgement form if applicable.)

Social Security Number or Tax ID Number

Mailing address

City	State	ZIP code	Telephone number
------	-------	----------	------------------

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yyyy)	Are you a non-resident alien? <input type="checkbox"/> Yes (Attach W8 BEN) <input type="checkbox"/> No
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Joint Owner

First name	MI	Last name	Jr., Sr., III
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Mailing address

City	State	ZIP code	Telephone number
------	-------	----------	------------------

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yyyy)	Are you a non-resident alien? <input type="checkbox"/> Yes (Attach W8 BEN) <input type="checkbox"/> No
---	----------------------------	---

Relationship to Owner	Social Security Number
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Annuitant (Complete if different from Owner.)

First name	MI	Last name	Jr., Sr., III
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Mailing address

City	State	ZIP code	Telephone number
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Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Date of birth (mm/dd/yyyy)	Are you a non-resident alien? <input type="checkbox"/> Yes (Attach W8 BEN) <input type="checkbox"/> No
---	------------------------	----------------------------	---

2. Purchase Payment (This section must be completed. Make check payable to Allianz.)

Purchase Payment enclosed with application. (Include replacement forms if required.)

Amount enclosed: \$ _____

This Contract will be funded by a 1035 exchange, tax qualified transfer/rollover, CD transfer, or mutual fund redemption. (Include replacement/ transfer forms if required.)

Expected amount: \$ _____

This Contract will be funded by funds not requested or facilitated by Allianz. (Include replacement forms if required.)

Expected amount: \$ _____

3. Plan specifics (This section must be completed to indicate how this Contract should be issued. These are the only available options.)

Nonqualified: **Qualified IRA:** IRA Roth IRA SEP IRA Roth conversion (Contribution for tax year _____)
Qualified plans: 401 401 one person defined benefit

4. Telephone authorization

Yes By checking "yes," I am authorizing and directing Allianz to act on telephone or electronic instructions from the Registered Representative and/or anyone authorized by him/her to transfer Contract Values among the Investment Options. **If the box is not checked, this authorization will be permitted for the Owner only.** Allianz will use reasonable procedures to confirm that these instructions are authorized as genuine. As long as these procedures are followed, Allianz and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost. The electronic transaction privilege may be modified or terminated at the discretion of the company.

5. Replacement (This section must be completed.)

Do you have existing life insurance or annuity contracts? Yes No
Will the annuity contract applied for replace or change existing contracts or policies? Yes No

If there is existing coverage, states that have adopted the NAIC Model Replacement Regulation or a variation of the Model, require that the replacement form be completed even if a replacement is not indicated. For a replacement in any state, attach the appropriate replacement form for the state in which the application is taken. The Registered Representative must also complete the Registered Representative section regarding replacement.

[6. Contract options - Must select only one]

Base Contract (No additional cost)
 Bonus Option¹
 No Withdrawal Charge Option¹

[7. Optional death benefit]

Quarterly Value Death Benefit¹

[¹ Carries an additional charge]

[8. Other benefits - Must select only one]

No Additional Benefit (No additional cost)

Investment Protector¹

Number of years to the initial Target Value Date _____

Income Protector¹ (Complete Covered Person(s) information below.)

Covered Person(s) - Select one.

Single Lifetime Plus Payments:

Name _____

This person is: (check one) Owner Joint Owner Annuitant, if owned by a non-individual

Date of birth ____/____/____ Gender: Male Female

Proof of age is required for all Covered Person(s). Identification must be a legible copy of a government recognized identification that includes the Covered Person(s) date of birth. Select the form of identification that is being submitted.

Driver's license Certificate of birth Passport Other _____

OR

Joint Lifetime Plus Payments:

First Covered Person's name _____

Date of birth ____/____/____ Gender: Male Female

Proof of age is required for all Covered Person(s). Identification must be a legible copy of a government recognized identification that includes the Covered Person(s) date of birth. Select the form of identification that is being submitted.

Driver's license Certificate of birth Passport Other _____

This person is: (check one)

- Owner
- Joint Owner
- Annuitant, if owned by a non-individual
- Sole primary Beneficiary (qualified or non-individual, nonqualified)
- Contingent Beneficiary (qualified plan, custodial IRA)

Second Covered Person's name _____

Date of birth ____/____/____ Gender: Male Female

Proof of age is required for all Covered Person(s). Identification must be a legible copy of a government recognized identification that includes the Covered Person(s) date of birth. Select the form of identification that is being submitted.

Driver's license Certificate of birth Passport Other _____

This person is: (check one)

- Owner
- Joint Owner
- Annuitant, if owned by a non-individual
- Sole primary Beneficiary (qualified or non-individual, nonqualified)
- Contingent Beneficiary (qualified plan, custodial IRA)

By selecting the [Income Protector or Investment Protector], I acknowledge that my selections of Investment Options are restricted and that Allianz will reallocate my Contract Value in accordance with the asset allocation and transfer provisions in the Contract.

[¹ Carries an additional charge]

[9.] Dollar cost averaging (Optional)

- Select a 6 month or 12 month DCA program only if you wish to participate in dollar cost averaging.
- An additional dollar cost averaging form is **not** required when DCA is requested at the time of application.
- 100% of your initial Purchase Payment will be applied to the DCA Money Market Account.
- Your funds will be moved from the DCA Money Market Account into the selections indicated in the Investment Options section over the time frame chosen.
- Your selections in the Investment Options section need to meet any restrictions for the benefit selected.
 6 month 12 month

[10.] Investment Option allocations

You may select up to [15] Investment Options. You must make allocations in whole percentages (e.g. 33.3% or dollars are **not** permitted). Please see the current prospectus for Investment Option requirements.

[Income Protector]

Group C Investment Options

Model Portfolios

____% AZL TargetPLUSSM Balanced Fund

____% AZL FusionSM Moderate Fund

____% AZL FusionSM Balanced Fund

High Yield Bonds

____% Franklin High Income Security Fund

____% PIMCO VIT High Yield Portfolio

Intermediate-Term Bonds

____% Franklin Zero Coupon Fund 2010

____% PIMCO VIT Emerging Markets Bond Portfolio

____% PIMCO VIT Global Bond Portfolio (Unhedged)

____% PIMCO VIT Real Return Portfolio

____% PIMCO VIT Total Return Portfolio

____% Templeton Global Income Securities Fund

Short-Term Bonds

____% Franklin U.S. Government Fund

Cash Equivalent

____% AZL[®] Money Market Fund

Specialty

____% AZL[®] Van Kampen Equity and Income Fund

____% PIMCO VIT All Asset Portfolio

____% BlackRock Global Allocation V.I. Fund

Total of _____% (must equal 100%)

[10.] Investment Option allocations (Continued)

You may select up to [15] Investment Options. You must make allocations in whole percentages (e.g. 33.3% or dollars are **not** permitted). Please see the current prospectus for Investment Option requirements.

[Investment Protector or No Additional Benefit]

Group A Investment Options

Small Cap

- ____ % AZL® Columbia Small Cap Value Fund
- ____ % AZL® Franklin Small Cap Value Fund
- ____ % AZL® Turner Quantitative Small Cap Growth Fund
- ____ % AZL® OCC Opportunity Fund
- ____ % AZL® Small Cap Stock Index Fund

International

- ____ % AZL® Schroder International Small Cap Fund

Specialty

- ____ % AZL® Columbia Technology Fund
- ____ % AZL® Schroder Emerging Markets Equity Fund
- ____ % AZL® Van Kampen Global Real Estate Fund

Specialty (continued)

- ____ % Davis VA Financial Portfolio
- ____ % Franklin Global Communications Securities Fund
- ____ % PIMCO VIT Commodity RealReturn Strategy Portfolio
- ____ % Franklin Income Securities Fund
- ____ % Franklin Templeton VIP Founding Funds Allocation Fund

Model Portfolio

- ____ % AZL TargetPLUSSM Moderate Fund
- ____ % AZL FusionSM Growth Fund
- ____ % AZL TargetPLUSSM Growth Fund

Group B Investment Options

TargetPLUS (Model Portfolio)

- ____ % AZL TargetPLUSSM Equity Fund

Mid Cap

- ____ % AZL® Columbia Mid Cap Value Fund
- ____ % AZL® Van Kampen Mid Cap Growth Fund
- ____ % OpCap Mid Cap Portfolio

Large Growth

- ____ % AZL® Dreyfus Founders Equity Growth Fund
- ____ % AZL® BlackRock Capital Appreciation Fund

International

- ____ % AZL® AIM International Equity Fund
- ____ % AZL® NACM International Fund
- ____ % AZL® Oppenheimer Global Fund
- ____ % AZL® Oppenheimer International Growth Fund

International (continued)

- ____ % AZL® Van Kampen Global Franchise Fund
- ____ % Mutual Discovery Securities Fund
- ____ % Templeton Growth Securities Fund

Large Blend

- ____ % AZL® First Trust Target Double Play Fund
- ____ % AZL® Jennison 20/20 Focus Fund
- ____ % AZL® J.P. Morgan U.S. Equity Fund
- ____ % AZL® PIMCO Fundamental IndexPLUS Total Return Fund
- ____ % AZL® S&P 500® Index Fund

Large Value

- ____ % AZL® Davis NY Venture Fund
- ____ % AZL® Van Kampen Comstock Fund
- ____ % AZL® Van Kampen Growth and Income Fund
- ____ % Mutual Shares Securities Fund

Group X Investment Options

Fusion Portfolios

- ____ % AZL FusionSM Moderate Fund

Specialty

- ____ % AZL® Van Kampen Equity and Income Fund
- ____ % BlackRock Global Allocation V.I. Fund

Group Y Investment Options

Model Portfolios

- ____ % AZL FusionSM Balanced Fund
- ____ % AZL TargetPLUSSM Balanced Fund

High Yield Bonds

- ____ % Franklin High Income Security Fund
- ____ % PIMCO VIT High Yield Portfolio

Intermediate-Term Bonds

- ____ % Franklin Zero Coupon Fund 2010
- ____ % PIMCO VIT Emerging Markets Bond Portfolio
- ____ % PIMCO VIT Global Bond Portfolio (Unhedged)
- ____ % PIMCO VIT Real Return Portfolio

Intermediate-Term Bonds (continued)

- ____ % PIMCO VIT Total Return Portfolio
- ____ % Templeton Global Income Securities Fund

Short-Term Bonds

- ____ % Franklin U.S. Government Fund

Cash Equivalent

- ____ % AZL® Money Market Fund

Specialty

- ____ % PIMCO VIT All Asset Portfolio

Total of _____ % (must equal 100%)

[11.] Beneficiary designation (If you need additional space, attach a complete list signed by Owner(s).)

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Social Security Number or Tax ID Number	
First name		MI	Last name

Relationship

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Social Security Number or Tax ID Number	
First name		MI	Last name

Relationship

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Social Security Number or Tax ID Number	
First name		MI	Last name

Relationship

Non-individual Beneficiary information

If the Beneficiary is a qualified plan, custodian, trust, charitable trust or other non-individual please check the applicable box and include the name above.

Qualified plan Custodian Trust (Include the date of trust in the name.) Charitable Trust Other _____

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Social Security Number or Tax ID Number
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[12.] Registered Representative

By signing below, the Registered Representative certifies to the following:

I am FINRA registered and state licensed for variable annuity contracts in all required jurisdictions; and I provided the Owner(s) with the most current prospectus. To the best of my knowledge, the applicant: **DOES** **DOES NOT** have existing life insurance policies or annuity contracts. To the best of my knowledge and belief, this application **DOES** **DOES NOT** involve replacement of existing life insurance or annuities. If this is a replacement, include a copy of each disclosure statement and a list of companies involved.

Registered Representative's signature	B/D Rep. ID
Registered Representative's first and last name (please print)	Percent split
Registered Representative's signature (split case)	B/D Rep. ID
Registered Representative's first and last name (please print) (split case)	Percent split
Registered Representative's signature (split case)	B/D Rep. ID
Registered Representative's first and last name (please print) (split case)	Percent split
Registered Representative's address	Registered Representative's telephone number
Broker/dealer name (please print)	
Authorized signature broker/dealer (if required)	

Commission options (please check one) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

[13.] Statement of applicant

The following states require applicants to read and acknowledge the statement for your state below.

Arkansas and District of Columbia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Kentucky, Maine, New Mexico, Ohio, Tennessee, and West Virginia: Any person who knowingly, and with intent to defraud any insurance company, submits an application or files a statement of claim containing any false, incomplete, or misleading information, commits a fraudulent insurance act, which is a crime, and may be subject to criminal prosecution and civil penalties. In ME and TN, additional penalties may include imprisonment, fines, or denial of insurance benefits.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Louisiana: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Vermont: I understand that this variable annuity is not a bank deposit; is not federally insured; is not endorsed by any bank or government agency; is not guaranteed; and may be subject to loss of principal.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

By signing below, the Owner acknowledges the applicable statements mentioned above and agrees to the following:

I received a prospectus and have determined that the variable annuity applied for is not unsuitable for my investment objectives, financial situation, and financial needs. It is a long-term commitment to meet my financial needs and goals. **I understand that the Contract Value and variable Annuity Payments may increase or decrease depending on the investment results of the variable Investment Options, and that under the Base Contract there is no guaranteed minimum Contract Value or variable Annuity Payment. If I selected any additional options, any guarantees provided for those options are outlined in my Contract and prospectus.** To the best of my knowledge and belief, all statements and answers in this application are complete and true. It is further agreed that these statements and answers will become a part of any Contract to be issued. No representative is authorized to modify this agreement or waive any Allianz rights or requirements.

For information on current benefit features, restrictions or charges please review with your Registered Representative.

Please send me a statement of additional information (Also available on the [SEC Web site, <http://www.sec.gov>])

Owner/Trustee/Authorized signer signature	Joint Owner/Trustee/Authorized signer signature
Signed at (City, State)	Date signed

[14.] Home office use only

If Allianz Life Insurance Company of North America makes a change in this space in order to correct any apparent errors or omissions, it will be approved by acceptance of this Contract by the Owner(s); however, any material change must be accepted in writing by the Owner(s). Changes to this application that affect product, benefits, amount of insurance, or age require acceptance by Owner(s).

Please call Allianz with any questions at [800.624.0197].

Mailing information

Applications that **HAVE** a check attached

Regular mail

Allianz
NW 5989
PO Box 1450
Minneapolis, MN 55485-5989

Overnight, certified, or registered

Wells Fargo LBX Services
NW 5989 Allianz
1350 Energy Lane, Ste. 200
St. Paul, MN 55108-5254

Applications that **DO NOT HAVE** a check attached

Regular mail

Allianz
PO Box 561
Minneapolis, MN 55440-0561

Overnight, certified, or registered

Allianz
5701 Golden Hills Drive
Golden Valley, MN 55416-1297

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: Certificate of Readability.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: The application is attached under the Form Schedule tab.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment: Application SOV.pdf		

	Item Status:	Status Date:
Satisfied - Item: AR Certification		
Comments:		
Attachment: AR Cerification for Regulation 19 10B.pdf		

Allianz Life Insurance Company
of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297
800.950.7372



CERTIFICATE OF READABILITY

Contract Form	Flesch Score
F40474-WF	50 when read with the contract

It is hereby certified that each policy form listed above meets the minimum reading ease score required in your state.

The Flesch score was calculated using the text of the entire form. ("Text" is as defined by state regulations).

Each form is readable and complies with all applicable state rules and regulations as to size of print, format and arrangement.

A handwritten signature in black ink, appearing to read "Martin G. Kline".

Date: September 11, 2009

Martin G. Kline, Sr. Director Actuary

Statement of Variability
Allianz Life Insurance Company of North America
Application Form F40474-WF

September 11, 2009

Each item is listed in order of appearance on the applicable form. Variable material is denoted as bracketed [] in the form referenced. Paragraphs bracketed [] in their entirety represents sections that will be suppressed if not applicable to options/benefits chosen. Blank boxes for the Minimum, Maximum and Current columns do not require further explanation. Please note that if some of these listed items have not been bracketed on the applicable form(s) submitted to you, please disregard the corresponding explanation.

Application Form F40474 -WF

Page #	Variable	Minimum	Maximum	Current	Rationale
1	Product Name				Variable to indicate product name intended at the time of rollout (may be waiting on trademark approval).
1	DA Number				Internal number we assign to the owner's contract at issue.
2	Section 3 - Plan Specifics				Based on those that are available at the time of application. Any added or deleted options will be made on a going forward basis to new contracts.
2 – 7	Bracketed Section Numbers 6 – 14				Based on the optional benefits available at the time of application, certain sections are included or omitted in the application. Bracketed section numbers allow the application to print in correct sequence and without blank areas.
2	Section 6 – Contract options				Based on the optional benefits available at the time of issue, these provisions are included or omitted in the application and may include new benefits filed and approved by the Department in the future. Any changes will be made to new contracts going forward.
2	Section 7 - Optional death benefit				Based on the optional benefits available at the time of issue, these provisions are included or omitted in the application and may include new benefits filed and approved by the Department in the future. Any changes will be made to new contracts going forward.
2, 3	Carries an additional charge				This footnote is included or omitted based on the optional benefits available at the time of issue that carry an additional charge.
1 - 7	Page Numbers				Based on the plan/benefits available. Bracketed page numbers allow the application to print with correct pagination and without blank areas.
3	Section 8 – Other benefits				Based on the optional benefits available at the time of issue, these provisions are included or omitted in the application and may include new benefits filed and approved by the Department in the future. Any changes will be made to new contracts going forward.
3	Section 8 – Income Protector or Investment Protector				Variable to indicate benefit name intended at the time of rollout (may be waiting on trademark approval).

4, 5	Section 10 - Number of investment options	5	15	15	Set at the time of application and will not vary, any change will be made to new contracts going forward.
4	Section 10 – Income Protector				Variable to indicate benefit name intended at the time of rollout (may be waiting on trademark approval), to include other benefit names that may be restricted to these investment options, or to allow for the removal of a benefit name.
5	Section 10 – Investment Protector or No Additional Benefit				Variable to indicate benefit name intended at the time of rollout (may be waiting on trademark approval), to include other benefit names that may be restricted to these investment options, or to allow for the removal of a benefit name.
4, 5	Section 10 - Investment Options				Based on the Investment Options and Groups that are available at the time of application, and may change in the future.
6	Section 12 - Registered Representative information				Variable for our Broker Dealers who want to identify more than three commissioned agents and representatives.
6	Section 12 - Commission Options				Variable to allow for the addition or reduction of commission options to choose from.
7	Section 13 – Statement of the Applicant				These disclosures will need to be updated as states adopt or change their fraud language.
7	http://www.sec.gov				The SEC website may change.
7	Allianz phone number				The Allianz phone number may change.
7	Mailing information				The address may change if there is a re-location.

**CERTIFICATION OF
ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA**

Allianz Life Insurance Company of North America (Allianz) hereby certifies that the filing submission of form meets the provisions of Ark. Regulation 19§10B as well as all applicable requirements of the Arkansas Insurance Department.



09/14/09

Martin G. Kline
Sr. Director Actuary