

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90636 008 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                           |                                                                                                                                                                                |                                                                                                        |  |
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| <b>DOCUMENT # F00000004715</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |                           |                                                                                                                                                                                |                                                                                                        |  |
| <b>1. Entity Name</b><br>TRANSAMERICA DISTRIBUTION FINANCE INSURANCE SERVICES, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                           |                                                                                                                                                                                |                                                                                                        |  |
| <b>Principal Place of Business</b><br>5595 TRILLIUM BLVD.<br>HOFFMAN ESTATES, IL 60192                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                           | <b>Mailing Address</b><br>5595 TRILLIUM BLVD.<br>HOFFMAN ESTATES, IL 60192                                                                                                     |                                                                                                        |  |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | <b>3. Mailing Address</b> |                                                                                                                                                                                |                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            | Suite, Apt. #, etc.       |                                                                                                                                                                                |                                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            | City & State              |                                                                                                                                                                                | <b>4. FEI Number</b><br>36-4366933                                                                     |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            | Country                   |                                                                                                                                                                                | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                           | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |                                                                                                        |  |
| <b>8. 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. I am familiar with, and accept the obligations of registered agent.</b><br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                      |                                            |                           |                                                                                                                                                                                |                                                                                                        |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                           | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                  |                                                                                                        |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                           | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                   |                                                                                                        |  |
| <b>TITLE</b><br>PD<br><b>NAME</b><br>TOENISKOETTER, STEVEN J<br><b>STREET ADDRESS</b><br>5595 TRILLIUM BLVD.<br><b>CITY-ST-ZIP</b><br>HOFFMAN ESTATES, IL 60192                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> Delete |                           | <b>TITLE</b><br>PD<br><b>NAME</b><br>Robert M. Martin<br><b>STREET ADDRESS</b><br>655 Maryville Centre Drive<br><b>CITY-ST-ZIP</b><br>St. Louis, MO 63141                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |  |
| <b>TITLE</b><br>EVPD<br><b>NAME</b><br>PERRELLI, ROSARIO A<br><b>STREET ADDRESS</b><br>5595 TRILLIUM BLVD.<br><b>CITY-ST-ZIP</b><br>HOFFMAN ESTATES, IL 60192                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> Delete |                           | <b>TITLE</b><br>TD<br><b>NAME</b><br>David A. Kaminsky<br><b>STREET ADDRESS</b><br>655 Maryville Centre Drive<br><b>CITY-ST-ZIP</b><br>St. Louis, MO 63141                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |  |
| <b>TITLE</b><br>EVPD<br><b>NAME</b><br>BARBER, R. SCOTT<br><b>STREET ADDRESS</b><br>5595 TRILLIUM BLVD.<br><b>CITY-ST-ZIP</b><br>HOFFMAN ESTATES, IL 60192                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> Delete |                           | <b>TITLE</b><br>SD<br><b>NAME</b><br>Walter D. Bay<br><b>STREET ADDRESS</b><br>655 Maryville Centre Drive<br><b>CITY-ST-ZIP</b><br>St. Louis, MO 63141                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |  |
| <b>TITLE</b><br>V<br><b>NAME</b><br>MORPHEY, JAMES<br><b>STREET ADDRESS</b><br>5595 TRILLIUM BLVD.<br><b>CITY-ST-ZIP</b><br>HOFFMAN ESTATES, IL 60192                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Delete |                           | <b>TITLE</b><br>Asst. Sec.<br><b>NAME</b><br>Katherine G. Swanson<br><b>STREET ADDRESS</b><br>5595 Trillium Boulevard<br><b>CITY-ST-ZIP</b><br>Hoffman Estates, IL 60192       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |  |
| <b>TITLE</b><br>S<br><b>NAME</b><br>ESPOSITO, SUSAN M<br><b>STREET ADDRESS</b><br>100 MANHATTANVILLE RD.<br><b>CITY-ST-ZIP</b><br>PURCHASE, NY 10577                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Delete |                           | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br>AS<br><b>NAME</b><br>ROSENTHAL, RICHARD A<br><b>STREET ADDRESS</b><br>5595 TRILLIUM BLVD<br><b>CITY-ST-ZIP</b><br>HOFFMAN ESTATES, IL 60192                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> Delete |                           | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b> |                                            |                           |                                                                                                                                                                                |                                                                                                        |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                           | <b>Walter D. Bay, Secretary</b>                                                                                                                                                |                                                                                                        |  |
| (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                           | Date <b>03/31/04</b> Daytime Phone # <b>(847)747-6800</b>                                                                                                                      |                                                                                                        |  |

TRANSAMERICA DISTRIBUTION FINANCE INSURANCE SERVICES, INC.

| NAME                    | OFFICE              | BUSINESS ADDRESS                                   |
|-------------------------|---------------------|----------------------------------------------------|
| MARTIN, Robert M.       | President           | 655 Maryville Centre Drive, St. Louis, MO 63141    |
| KAMINSKY, David A.      | Treasurer           | 655 Maryville Centre Drive, St. Louis, MO 63141    |
| BAY, Walter D.          | Secretary           | 655 Maryville Centre Drive, St. Louis, MO 63141    |
| SWANSON, Katherine G.   | Assistant Secretary | 5595 Trillium Boulevard, Hoffman Estates, IL 60192 |
| <b><u>DIRECTORS</u></b> |                     |                                                    |
| MARTIN, Robert M.       |                     | 655 Maryville Centre Drive, St. Louis, MO 63141    |
| KAMINSKY, David A.      |                     | 655 Maryville Centre Drive, St. Louis, MO 63141    |
| BAY, Walter D.          |                     | 655 Maryville Centre Drive, St. Louis, MO 63141    |

Attachment

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# F00000004715