

FILE NOW: FILING FEE AFTER MAY 1ST IS: \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90161 027 ***150.00

DOCUMENT # F97000005098

1. Corporation Name

AEGON FINANCIAL SERVICES GROUP, INC.

Principal Place of Business

4333 EDGEWOOD RD NE
CEDAR RAPIDS IA 52499

Mailing Address

4333 EDGEWOOD RD NE
CEDAR RAPIDS IA 52499

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1997

4. FEI Number

41-1479568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME HERBERT, BART JR
STREET ADDRESS 1111 N. CHARLES ST
CITY-STATE-ZIP BALTIMORE MD 21201

TITLE VCD
NAME BUSLER, WILLIAM L
STREET ADDRESS 4333 EDGEWOOD RD NE
CITY-STATE-ZIP CEDAR RAPIDS IA 52499

TITLE P
NAME NORMAN, LARRY N
STREET ADDRESS 4333 EDGEWOOD RD NE
CITY-STATE-ZIP CEDAR RAPIDS IA 52499

TITLE V
NAME NELSON, PAULA G
STREET ADDRESS 801 NICOLLET AVE STE 1410
CITY-STATE-ZIP MINNEAPOLIS MN 55402

TITLE V
NAME ANDERSON, JANET
STREET ADDRESS 1111 N. CHARLES ST
CITY-STATE-ZIP BALTIMORE MD 21201

TITLE V
NAME HMELNICKY, JOHN
STREET ADDRESS 1111 N. CHARLES ST
CITY-STATE-ZIP BALTIMORE MD 21201

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if change or on an attachment with an address, with all other like empowered

SIGNATURE:

Frank A. Camp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

, Frank A. Camp

Secretary

4/26/99

Date

(319) 297-8121

Daytime Phone #

CR2E034 (11/98)