2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000005098

1. Entity Name
AEGON FINANCIAL SERVICES GROUP, INC.

Principal Place of Business	Mailing Address
600 S. HWY 169 SUITE 1800 MINNEAPOLIS, MN 55426	4333 EDGEWOOD RD NE CEDAR RAPIDS, IA 52499

DO NOT WRITE IN THIS SPACE

03232006 No Chg-P CR2E034 (11/05)

4. FEI Number
41-1479568
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CRAIG, VERMIE D
STREET ADDRESS	4333 EDGEWOOD ROAD NE
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499
TITLE	T
NAME	MALLETT, JOHN
STREET ADDRESS	4333 EDGEWOOD RD NE
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499
TITLE	COTB
NAME	NORMAN, LARRY N
STREET ADDRESS	4333 EDGEWOOD RD NE
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499
TITLE	DP
NAME	NELSON, PAULA G
STREET ADDRESS	600 S. HIGHWAY 169, SUITE 1800
CITY-ST-ZIP	MINNEAPOLIS, MN 55426
TITLE	VP
NAME	ZIEGLER, RONALD L
STREET ADDRESS	4333 EDGEWOOD ROAD NE
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499
TITLE	S
NAME	CAMP, FRANK A
STREET ADDRESS	4333 EDGEWOOD ROAD, NE
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499

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04/13/06-80060-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: Frank A. Camp Frank A. Camp Secretary 3/24/06 319-398-8511
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #