

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90478 040 ***150.00

DOCUMENT # P96000077497
 1. Entity Name
AEGON/TRANSAMERICA FUND ADVISERS, INC.



Principal Place of Business
**570 CARILLON PKWY
 ST PETERSBURG, FL 33716-1202 US**

Mailing Address
**PO BOX 5068
 CLEARWATER, FL 33758-5068 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

05052004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3403585 Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	NORMAN, LARRY N	
STREET ADDRESS	4333 EDGEWOOD ROAD N.E.	
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, WILLIAM T	
STREET ADDRESS	570 CARILLON PKWY.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	
TITLE	DPCE	<input type="checkbox"/> Delete
NAME	SCOTT, BRIAN C	
STREET ADDRESS	4333 EDGEWOOD ROAD N.E.	
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499	
TITLE	VT	<input type="checkbox"/> Delete
NAME	DAY, KIM D	
STREET ADDRESS	570 CARILLON PKWY.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ROETZER, CHRISTOPHER G	
STREET ADDRESS	570 CARILLON PKWY.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	
TITLE	VSGC	<input type="checkbox"/> Delete
NAME	CARTER, JOHN K	
STREET ADDRESS	570 CARILLON PARKWAY	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Kyle A. Keelan SV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	570 Carillon Parkway	
CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SV/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Gary U. Rolle	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	1150 S. Olive Street	
CITY-ST-ZIP	Los Angeles, CA 90015	
TITLE	D/SV/S/GC/OO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5-1-04** Daytime Phone #: **727 299-1588**