

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000077497

**Entity Name:** TRANSAMERICA ASSET MANAGEMENT, INC.

**Current Principal Place of Business:**

570 CARILLON PKWY  
ST PETERSBURG, FL 33716-1202

**Current Mailing Address:**

PO BOX 5068  
CLEARWATER, FL 33758-5068 US

**FEI Number: 59-3403585**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DSVS  
Name GALLAGHER, DENNIS PGC  
Address 570 CARILLON PKWY.  
City-State-Zip: SAINT PETERSBURG FL 33716

Title DSV  
Name STAPLES, CHRISTOPHER A  
Address 570 CARILLON PKWY  
City-State-Zip: SAINT PETERSBURG FL 33716

Title PRESIDENT, DIRECTOR, CEO  
Name SWANK, THOMAS A  
Address 570 CARILLON PKWY  
City-State-Zip: ST PETERSBURG FL 33716-1202

Title CHIEF ACCOUNTING OFFICER, VP  
Name STROUSE, ELIZABETH  
Address 570 CARILLON PKWY  
City-State-Zip: ST PETERSBURG FL 33716-1202

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DENNIS P. GALLAGHER**

**DIRECTOR, SENIOR VICE 04/04/2014  
PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date