

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005098

Entity Name: AEGON FINANCIAL SERVICES GROUP, INC.**Current Principal Place of Business:**600 S. HWY 169 SUITE 1800
MINNEAPOLIS, MN 55426**Current Mailing Address:**4333 EDGEWOOD RD NE
CEDAR RAPIDS, IA 52499**FEI Number:** 41-1479568**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH 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	DIRECTOR
Name	ORLANDI, JAY
Address	4333 EDGEWOOD ROAD NE
City-State-Zip:	CEDAR RAPIDS IA 52499

Title	DIRECTOR, PRESIDENT
Name	ECKMAN, PHILLIP S
Address	408 ST. PETER STREET
City-State-Zip:	ST. PAUL MN 55102

Title	ASST. VP-TAX
Name	SCHULZ, DAVID
Address	4333 EDGEWOOD ROAD NE
City-State-Zip:	CEDAR RAPIDS IA 52499

Title	ASST. SECRETARY
Name	ANGLE, AMY
Address	100 LIGHT STREET FLOOR B-1
City-State-Zip:	BALTIMORE MD 21202

Title	ASST. VP-TAX
Name	ALLEN, DENISE
Address	4333 EDGEWOOD RD NE
City-State-Zip:	CEDAR RAPIDS IA 52499

Title	ASST. VP-TAX
Name	WERKMAN, GARY
Address	4333 EDGEWOOD RD NE
City-State-Zip:	CEDAR RAPIDS IA 52499

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: JAY ORLANDI**DIRECTOR****04/04/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date