FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **808717** **(3)**

1. Corporation Name
TRANSAMERICA OCCIDENTAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
1150 S. OLIVE STREET LOS ANGELES CA 90015	1150 S. OLIVE STREET LOS ANGELES CA 90015

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/23/1951**
3a. Date of Last Report: **06/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **95-1060502** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 33145

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	☒ Change ☐ Addition
NAME	CARPENTER, DAVID R.	1.2 NAME	FIBIGER, JOHN A
STREET ADDRESS	1150 S.OLIVE	1.3 STREET ADDRESS	1150 S. OLIVE
CITY-ST-ZIP	LOS ANGELES CA 90015	1.4 CITY-ST-ZIP	LOS ANGELES, CA 90015
TITLE	TEO	2.1 TITLE	☐ Change ☐ Addition
NAME	FULMER, WILBUR L	2.2 NAME	
STREET ADDRESS	1150 S OLIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90015	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	YAMADA, SALLY S	3.2 NAME	
STREET ADDRESS	1150 SO OLIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90015	3.4 CITY-ST-ZIP	
TITLE	VSD	4.1 TITLE	☐ Change ☐ Addition
NAME	DEDERER, JAMES	4.2 NAME	
STREET ADDRESS	1150 S OLIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90015	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	GOODING, DAVID E	5.2 NAME	
STREET ADDRESS	1150 S OLIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90015	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, WILLIAM D	6.2 NAME	
STREET ADDRESS	1150 S OLIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90015	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 changed, or on an attachment with an address.

SIGNATURE: _____ WILBUR L. FULMER TAX OFFICER 4/14/95 (213) 742-3457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04794A4 FP