

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 808717 (3)

1. Corporation Name

TRANSAMERICA OCCIDENTAL LIFE INSURANCE COMPANY



Principal Place of Business

1150 S. OLIVE STREET  
LOS ANGELES CA 90015

Mailing Address

1150 S. OLIVE STREET  
LOS ANGELES CA 90015

3. Date Incorporated or Qualified  
10/23/1951

3a. Date of Last Report  
04/26/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

95-1060502

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 33145

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PC ☐ DELETE  
NAME FIBIGER, JOHN A  
STREET ADDRESS 1150 S OLIVE  
CITY-ST-ZIP LOS ANGELES CA

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME CUSACK, THOMAS J.  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE TEO ☐ DELETE  
NAME FULMER, WILBUR L  
STREET ADDRESS 1150 S OLIVE  
CITY-ST-ZIP LOS ANGELES CA 90015

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE Y ☐ DELETE  
NAME YAMADA, SALLY S  
STREET ADDRESS 1150 SO OLIVE  
CITY-ST-ZIP LOS ANGELES CA 90015

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VSD ☐ DELETE  
NAME DEDERER, JAMES  
STREET ADDRESS 1150 S OLIVE  
CITY-ST-ZIP LOS ANGELES CA 90015

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME GOODING, DAVID E  
STREET ADDRESS 1150 S OLIVE  
CITY-ST-ZIP LOS ANGELES CA 90015

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME ADAMS, WILLIAM D  
STREET ADDRESS 1150 S OLIVE  
CITY-ST-ZIP LOS ANGELES CA 90015

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wilbur L. Fulmer

Tax Officer

4/15/96 (213) 742-3457

Date

Daytime Phone #

CR2E034 (12/95)