

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 90015-2211



3. Date Incorporated or Qualified 10/23/1951	3a. Date of Last Report 04/26/1996
4. FEI Number 95-1060502	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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
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	
TITLE	P CUSACK, THOMAS J. <input type="checkbox"/> DELETE
NAME	1150 S OLIVE
STREET ADDRESS	LOS ANGELES CA
CITY - ST - ZIP	
TITLE	TEO FULMER, WILBUR L. <input type="checkbox"/> DELETE
NAME	1150 S OLIVE
STREET ADDRESS	LOS ANGELES CA 90015
CITY - ST - ZIP	
TITLE	T YAMADA, SALLY S. <input type="checkbox"/> DELETE
NAME	1150 SO OLIVE
STREET ADDRESS	LOS ANGELES CA 90015
CITY - ST - ZIP	
TITLE	VSD DEDERER, JAMES <input type="checkbox"/> DELETE
NAME	1150 S OLIVE
STREET ADDRESS	LOS ANGELES CA 90015
CITY - ST - ZIP	
TITLE	VD GOODING, DAVID E. <input type="checkbox"/> DELETE
NAME	1150 S OLIVE
STREET ADDRESS	LOS ANGELES CA 90015
CITY - ST - ZIP	
TITLE	V ADAMS, WILLIAM D. <input type="checkbox"/> DELETE
NAME	1150 S OLIVE
STREET ADDRESS	LOS ANGELES CA 90015
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KAMRAN HAGHIGHI
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Kamran Haghighi SIGNATURE REQUIRED Kamran Haghighi 4/21/97 (213) 741-6273  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Tax Officer Date Daytime Phone #

CR2E034 (9/96)