

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90082 050 \*\*\*150.00

**DOCUMENT # 808717**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**95-1060502**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
 CAPITOL BUILDING  
 TALLAHASSEE FL 33145**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
 NAME **PD WAGLEY, RON**  
 STREET ADDRESS **1150 S OLIVE**  
 CITY-ST-ZIP **LOS ANGELES CA 90015-2211**

TITLE ☒ Delete  
 NAME **V KAMRAN, HAGHIGHI**  
 STREET ADDRESS **1150 S OLIVE**  
 CITY-ST-ZIP **LOS ANGELES CA**

TITLE ☒ Delete  
 NAME **T YAMADA, SALLY S**  
 STREET ADDRESS **1150 SO OLIVE**  
 CITY-ST-ZIP **LOS ANGELES CA 90015**

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

TITLE ☐ Delete  
 NAME **SVD CLANCY, BRENDA**  
 STREET ADDRESS **4333 EDGEWOOD ROAD NE**  
 CITY-ST-ZIP **CEDAR RAPIDS IA**

TITLE ☐ Delete  
 NAME **V VERMIE, CRAIG**  
 STREET ADDRESS **4333 EDGEWOOD ROAD NE**  
 CITY-ST-ZIP **CEDAR RAPIDS IA**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME **VP, Counsel**  
 STREET ADDRESS **Carter, John**  
 CITY-ST-ZIP **570 Carillon Parkway  
 St. Petersburg, FL 33716**

TITLE ☒ Change ☐ Addition  
 NAME **CIO/SVP**  
 STREET ADDRESS **Goodman, Eric**  
 CITY-ST-ZIP **400 W. Market Street  
 Louisville, KY 40202**

TITLE ☒ Change ☐ Addition  
 NAME **EVP, Secretary, Gen. Counsel**  
 STREET ADDRESS **Dederer, James**  
 CITY-ST-ZIP **1150 S Olive  
 Los Angeles, CA 0115**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**Craig Vermie, Vice President 01/16/02 319/398/8511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)