## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 808717

## FILED Apr 28, 2004 8:00 am Secretary of State 04-28-2004 90262 001 \*\*\*150.00

PROCEED PRIOR OF DELETIONS  ANGELES, CA. 900TS  2. Principal Flace of Business  3. Malling Activess  Sulfo, Apri P. (etc.)  Sulfo, Apri P	1. Entity Name TRANSAMERICA OCCIDENTAL LIFE INSURANCE COMPANY												
Sulfe, Apt. #, ritc.    Sulfe, Apt. #, ritc.   Sulfe, Apt. #, ritc.   Sulfe, Apt. #, ritc.   Sulfe, Apt. #, ritc.   Sulfe, Apt. #, ritc.   Sulfe, Apt. #, ritc.   Sulfe, Apt. #, ritc.   Sulfe, Apt. #, ritc.   Applied For St. 1060502   Applied For St. 10	1150 S. OLIVE STREET			4333 EDGEWOOD ROAD NE									
City & State  Country	2. Principal Place of Business		3.	3. Mailing Address									
### Spinson of Section Desired	Suite, Apt. #, etc.			Suite, Apt. #, etc.				04222004	Ch	g-P	CR2E0	34 (10/03)	
S. Certification of Secure Desired:  S. Certification of Secure Desired:  S. Certification of Secure Desired:  T. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  Soo & 200 (32914-8200)  200 E. GAINES ST  TALLAHASSEE, FL 32399-0000  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of charging its registered diffice or registered agent, or both, in the State of Florida. I am farmisar with, and accept the obligations of registered agent. PL  Bellevia agent and the accept the desired agent.  Signature:  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Total Policy Intelligence Agent Equation second when eventing Desired agent, or both, in the State of Florida. I am farmisar with, and accept the desired agent, or both, in the State of Florida. I am farmisar with, and accept the desired agent.  For Intelligence Agent Equation second when eventing Desired agent, or both, in the State of Florida. I am farmisar with, and accept the Agent Equation second when eventing Desired Agent Equation Second when eventing Desired Agent Equation Second when eventing Desired Florida.  For Intelligence Agent Equation Second when eventing Desired Agent Equation Second Process Conviction Second Proces	City & State			City & State			_					<del></del>	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E GAINES ST TALLAHASSEE, FL 32399-0000  City FL Zip Code  The above numed cityly submits this statement for the purpose of changing its registered agent, or both, in the State of Florids, Tam lamiliar with, and accept the obligations of registered agent.  Signatur, made armeridance or agentered agent and set as existence.  FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  R. Electron Campaign Financing Trust Fund Conventuation.  Deate  WAGLEY, RON  WAGLEY, RON  SIRETADORSS  CITY-ST-2P  LOS ANGELES, CA 900152211  TITE  VPC  MARE  SIRETADORSS  STO CARILLON PARKWAY  SIRETADORSS  STO CARILLON PARKWAY  SIRETADORSS  STO CARILLON PARKWAY  SIRETADORSS  STO CARILLON PARKWAY  GOODMAN, ERIC  GWS-ST-2P  CONST-ST-2P  C	Zip	Zip Country		Zip	Count	try		5. Certificat	e of Status	Desired			
City FL Zip Code  8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both or registered agent, or both in the State of Fiorida agent		6. Name and Address o	d Current Regis	stered Agent				7. Name an	d Addres	s of New R	legistered /	Agent	
200 E. GAINES ST TALLAHASSEE, FL 32399-0000  City FL Zip Code  8. The abover named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Froncia. I am familiar with, and accept the obligations of registered agent, or both, in the State of Froncia. I am familiar with, and accept the obligations of registered agent, or both, in the State of Froncia. I am familiar with, and accept the obligations of registered agent, or both, in the State of Froncia. I am familiar with, and accept the obligations of registered agent, or both, in the State of Froncia. I am familiar with, and accept the obligations of registered agent, or both, in the State of Froncia. I am familiar with, and accept the obligations of registered agent, or both, in the State of Froncia. I am familiar with, and accept the obligations of registered agent, or both, in the State of Froncia. I am familiar with, and accept the obligations of registered agent, or both, in the State of Froncia. I am familiar with, and accept the obligations of registered agent, or both, in the State of Froncia. I am familiar with, and accept the obligations of registered agent, or both, in the State of Froncia. I am familiar with, and accept the obligations of registered agent, or both, in the State of Froncia. I am familiar with, and accept the obligation agent age							ddress (P	.O. Box Numi	ber is Not	Acceptable	<del>)</del>		<del></del>
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with and accept the state of Florida Statutes, and that my name appears in Block to or offe			ı			}—-— 							
the colligations of registered agant.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  B. Electron Campaign Financing Trust Fund Contribution.  TITLE  PD  WAGLEY, RON  SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PD  WAGLEY, RON  SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  UPC  CARTER, JOHN  MAE  CARTER, JOHN  MAE  CARTER, JOHN  MAE  GOODMAN, ERIC  GOODMAN, ERIC  CITY-ST-2P  COUNTS-T-2P  COUNTS-T-2P			·			City					FL	Zip Cod	de
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After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITTLE WAGLEY, RON WAGLEY,	SIGNATURE.	Signature, typed or printed name of reg	istered agent and title	il applicable. (NOTI	E: Registered	d Agent signatu	are required w	vhen reinstating)			DATE		
TITLE NAME WAGLEY, RON SIREFLADORSS CITY-ST-2IP LOS ANGELES, CA 900152211 CITY-ST-2IP CARRENT OF STATE OF	FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be												
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  Secretary  4 2204 3(9-398-851)	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD WAGLEY, RON 1150 S OLIVE LOS ANGELES, CA 900 VPC CARTER, JOHN 570 CARILLON PARKW SAINT PETERSBURG, I CSVP GOODMAN, ERIC 400 W MARKET STREE LOUISVILLE, KY 40202 D GARRETT, CHRISTOPH 4333 EDGEWOOD ROA CEDAR RAPIDS, IA 52: SVD CLANCY, BRENDA	0152211 /AY FL 33716 ET 2 HER H AD NE 499	Delete Delete Delete	TITLE NAME STREE CITY- TITLE NAME NAME NAME	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS		ADDITIONS	8/CHANG	es 10 Orr	ICERS AND	☐ Change ☐ Change ☐ Change	Addition  Addition  Addition
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