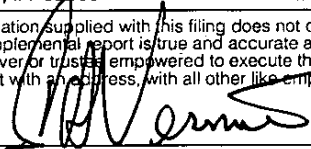


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90173 005 ***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 4333 EDGEWOOD ROAD NE CEDAR RAPIDS, IA 52499		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 95-1060502	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAGLEY, RON		NAME		
STREET ADDRESS	1150 S OLIVE		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA 900152211		CITY-ST-ZIP		
TITLE	VPC	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CARTER, JOHN		NAME	D / T / V	
STREET ADDRESS	570 CARILLON PARKWAY		STREET ADDRESS	MEINERS, DIANE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP	4333 EDGEWOOD RD NE	
TITLE	CSVP	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOODMAN, ERIC		NAME	SVP	
STREET ADDRESS	400 W MARKET STREET		STREET ADDRESS	GOODMAN, ERIC B.	
CITY-ST-ZIP	LOUISVILLE, KY 40202		CITY-ST-ZIP	400 W. MARKET STREET	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARRETT, CHRISTOPHER H		NAME		
STREET ADDRESS	4333 EDGEWOOD ROAD NE		STREET ADDRESS		
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499		CITY-ST-ZIP		
TITLE	SVD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLANCY, BRENDA		NAME		
STREET ADDRESS	4333 EDGEWOOD ROAD NE		STREET ADDRESS		
CITY-ST-ZIP	CEDAR RAPIDS, IA		CITY-ST-ZIP		
TITLE	DSVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VERMIE, CRAIG D		NAME		
STREET ADDRESS	4333 EDGEWOOD ROAD NE		STREET ADDRESS		
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499		CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			CRAIG D. VERMIE SECRETARY		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2/24/05 Daytime Phone # 319-398-8511		