


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2007 8:00 am
Secretary of State

06-11-2007 90006 020 ***550.00

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 - No P.O. Box #		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 CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD WAGLEY, RON 1150 S OLIVE LOS ANGELES, CA 900152211	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>President Wagley, Ronald F. 1150 S Olive Los Angeles, CA 90015-2211</i>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTV MEINERS, DIANE 4333 EDGEWOOD RD NE CEDAR RAPIDS, IA 52499	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Treasurer Meiners, Diane 4333 Edgewood Rd NE Cedar Rapids, IA 52499</i>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP GOODMAN, ERIC B 400 W MARKET STREET LOUISVILLE, KY 40202	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRETT, CHRISTOPHER H 4333 EDGEWOOD ROAD NE CEDAR RAPIDS, IA 52499	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>D, CFO Button, Darryl D. 4333 Edgewood Rd NE Cedar Rapids, IA 52499</i>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP CLANCY, BRENDA K 4333 EDGEWOOD RD, NE CEDAR RAPIDS, IA 52499	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP VERNIE, CRAIG D 4333 EDGEWOOD RD, NE CEDAR RAPIDS, IA 52499	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Vernie</i>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Craig D. Vernie</i> Craig D. Vernie, Secretary 5/24/07 319-355-7906					