


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90226 027 ***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 - 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 \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME WAGLEY, RON STREET ADDRESS 1150 S OLIVE CITY-ST-ZIP LOS ANGELES, CA 900152211	<input checked="" type="checkbox"/> Delete		TITLE President NAME Flewellen, James Martin STREET ADDRESS 1150 S. Olive St CITY-ST-ZIP Los Angeles, CA 90015-2211	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME MEINERS, DIANE STREET ADDRESS 4333 EDGEWOOD RD NE CITY-ST-ZIP CEDAR RAPIDS, IA 52499	<input checked="" type="checkbox"/> Delete		TITLE Treasurer, VP NAME Fowler, M. Craig STREET ADDRESS 400 W. Market St. CITY-ST-ZIP Louisville, KY 40202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SVP NAME GOODMAN, ERIC B STREET ADDRESS 400 W MARKET STREET CITY-ST-ZIP LOUISVILLE, KY 40202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DCFO NAME BUTTON, DARRYL D STREET ADDRESS 4333 EDGEWOOD ROAD NE CITY-ST-ZIP CEDAR RAPIDS, IA 52499	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DEVP NAME CLANCY, BRENDA K STREET ADDRESS 4333 EDGEWOOD RD, NE CITY-ST-ZIP CEDAR RAPIDS, IA 52499	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DSVP NAME VERMIE, CRAIG D STREET ADDRESS 4333 EDGEWOOD RD, NE CITY-ST-ZIP CEDAR RAPIDS, IA 52499	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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. Vermie</i> 4/29/08 715-355-7906 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					