

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90984 011 \*\*\*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**

**11022239**



2. Principal Place of Business

3. Mailing Address  
**4333 Edgewood Road NE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Cedar Rapids, IA**

4. FEI Number **95-1060502**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**52499**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 33145**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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 90015-2211** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Christopher H. Garrett  
4333 Edgewood Road NE  
Cedar Rapids, IA 52499** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPC  
CARTER, JOHN  
570 CARILLON PARKWAY  
SAINT-PETERSBURG FL 33716** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director, VP, Treasurer  
Diane Meiners  
4333 Edgewood Road NE  
Cedar Rapids, IA 52499** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CSVP  
GOODMAN, ERIC  
400 W MARKET STREET  
LOUISVILLE KY 40202** ☐ Delete

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

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director, VP, Counsel, Secretary  
Craig D. Vermie  
4333 Edgewood Road NE  
Cedar Rapids, IA 52499** ☒ Change ☐ Addition

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Craig D. Vermie, Secretary 4/25/03 319/398-8511**

Date Daytime Phone #

CR2E034 (10/02)