FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FOR PROFIT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY -1 PM 4:27

DOCUMENT # 820853 (0)

1. Corporate Name

TRANSAMERICA LIFE INSURANCE AND ANNUITY COMPANY

800001498595
-05/24/95--01005--015
****100.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1150 SOUTH OLIVE STREET LOS ANGELES CALIFORNIA 90015	1150 SOUTH OLIVE STREET LOS ANGELES CALIFORNIA 90015

3. Date Incorporated or Qualified: 11/02/1967

3a. Date of Last Report: 06/01/1994

4. FEI Number: 95-6140222 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 33145	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	YEAGER, THOMAS H	12 NAME	
STREET ADDRESS	1150 SO OLIVE ST	13 STREET ADDRESS	
CITY ST ZIP	LOA ANGLES CA	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	DEDERER, JAMES W	22 NAME	
STREET ADDRESS	1150 SO OLIVE ST	23 STREET ADDRESS	
CITY ST ZIP	LOS ANGELES CA	24 CITY ST ZIP	
TITLE	CD	31 TITLE	☐ Change ☐ Addition
NAME	CARPENTER, DAVID R	32 NAME	
STREET ADDRESS	1150 SO OLIVE ST	33 STREET ADDRESS	
CITY ST ZIP	LOS ANGELES CA	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	YAMADA, SALLY S.	42 NAME	
STREET ADDRESS	1150 SO OLIVE	43 STREET ADDRESS	
CITY ST ZIP	LOS ANGELES CA	44 CITY ST ZIP	
TITLE	TO	51 TITLE	☐ Change ☐ Addition
NAME	FULMER, WILBUR L	52 NAME	REMITTED BY MAY 1.
STREET ADDRESS	1150 S OLIVE ST	53 STREET ADDRESS	
CITY ST ZIP	LOS ANGELES CA	54 CITY ST ZIP	
TITLE	P	61 TITLE	☐ Change ☐ Addition
NAME	VEERJEE, NOORUDDIN S.	62 NAME	TIS, 5/23/95
STREET ADDRESS	1150 S OLIVE ST	63 STREET ADDRESS	
CITY ST ZIP	LOS ANGELES CA	64 CITY ST ZIP	For Profit corporation

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ WILBUR L. FULMER TAX OFFICER 4/17/95 (213) 742-3457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074876