

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 820853 (0)  
1. Corporation Name  
TRANSAMERICA LIFE INSURANCE AND ANNUITY COMPANY



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

Mailing Address  
1150 SOUTH OLIVE STREET  
LOS ANGELES CALIFORNIA 90015-2211

3. Date Incorporated or Qualified 11/02/1967  
3a. Date of Last Report 04/24/1996  
4. FEI Number 95-6140222  
Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
21 401 N. TRYON STREET  
Suite, Apt. #, etc.  
22 800  
City & State  
23 CHARLOTTE, NO. CAROLINA  
Zip Country  
24 28202 25  
2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 B-509  
City & State  
28  
Zip Country  
29 30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BLDG.  
TALLAHASSEE FL 33145

10. Name and Address of New Registered Agent

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  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEAGER, THOMAS H	1.2 NAME	MISCHELLE MULLIN
STREET ADDRESS	1150 SO OLIVE ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES CA	1.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEDERER, JAMES W	2.2 NAME	
STREET ADDRESS	1150 SO OLIVE ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES CA	2.4 CITY - ST - ZIP	
TITLE	C <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIBIGER, JOHN A	3.2 NAME	
STREET ADDRESS	1150 SO OLIVE ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES CA	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAMADA, SALLY S.	4.2 NAME	
STREET ADDRESS	1150 SO OLIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES CA	4.4 CITY - ST - ZIP	
TITLE	TO <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULMER, WILBUR L	5.2 NAME	KAMRAN HAGHIGHI
STREET ADDRESS	1150 S OLIVE ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES CA	5.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEERJEE, NOORUDDIN S.	6.2 NAME	
STREET ADDRESS	1150 S OLIVE ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES CA	6.4 CITY - ST - ZIP	

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kamran Haghighi 4/21/97 (213) 741-6273  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Tax Officer Date Daytime Phone #

CR2E034 (9/96)