


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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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 401 N TYRON ST STE 800 CHARLOTTE NC 28202 US			Mailing Address 401 N TYRON ST B-509 CHARLOTTE NC 90015 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 1150 SOUTH OLIVE STREET 27 Suite, Apt. #, etc. 28 B-509 29 City & State 30 LOS ANGELES, CA 31 Zip 32 90015-2211 33 Country 34 USA		3. Date Incorporated or Qualified 11/02/1967 4. FEI Number 95-6140222 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 85 Zip Code FL		
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)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE V <input type="checkbox"/> DELETE NAME MULLIN, MISHELLE STREET ADDRESS 1150 SO OLIVE ST CITY-ST-ZIP LOS ANGELES CA			1.1 TITLE V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME BAIR, NICKI 1.3 STREET ADDRESS 1150 SOUTH OLIVE STREET 1.4 CITY-ST-ZIP LOS ANGELES, CA 90015-2211		
TITLE SD <input type="checkbox"/> DELETE NAME DEDERER, JAMES W STREET ADDRESS 1150 SO OLIVE ST CITY-ST-ZIP LOS ANGELES CA			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE C <input type="checkbox"/> DELETE NAME FIBIGER, JOHN A STREET ADDRESS 1150 SO OLIVE ST CITY-ST-ZIP LOS ANGELES CA			3.1 TITLE C <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME CUSACK, THOMAS J. 3.3 STREET ADDRESS 1150 SOUTH OLIVE STREET 3.4 CITY-ST-ZIP LOS ANGELES, CA 90015-2211		
TITLE T <input type="checkbox"/> DELETE NAME YAMADA, SALLY S. STREET ADDRESS 1150 SO OLIVE CITY-ST-ZIP LOS ANGELES CA			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE TO <input type="checkbox"/> DELETE NAME KAMRAN, HAGHIGHI STREET ADDRESS 1150 S OLIVE ST CITY-ST-ZIP LOS ANGELES CA			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE P <input type="checkbox"/> DELETE NAME VEERJEE, NOORUDDIN S. STREET ADDRESS 1150 S OLIVE ST CITY-ST-ZIP LOS ANGELES CA			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. 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 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.

CR2E034 (10/97)