

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 820853

1. Entity Name

TRANSAMERICA LIFE INSURANCE AND ANNUITY COMPANY

Principal Place of Business

401 N TYRON ST
STE 800
CHARLOTTE NC 28202
US

Mailing Address

1150 SOUTH OLIVE STREET
B-509
LOS ANGELES CA 90015-2211
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 95-6140222

Applied For

Not Applicable

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 BLDG.
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	BAIR, NICKI	
STREET ADDRESS	1150 SO OLIVE ST	
CITY-ST-ZIP	LOS ANGELES CA 90015	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEDERER, JAMES W	
STREET ADDRESS	1150 SO OLIVE ST	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MACDONALD, KAREN O	
STREET ADDRESS	1150 S OLIVE STREET	
CITY-ST-ZIP	LOS ANGELES CA 90015	
TITLE	T	<input type="checkbox"/> Delete
NAME	YAMADA, SALLY S.	
STREET ADDRESS	1150 SO OLIVE	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	TO	<input type="checkbox"/> Delete
NAME	KAMRAN, HAGHIGHI	
STREET ADDRESS	1150 S OLIVE ST	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	P	<input type="checkbox"/> Delete
NAME	VEERJEE, NOORUDDIN S.	
STREET ADDRESS	1150 S OLIVE ST	
CITY-ST-ZIP	LOS ANGELES CA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vermie, Craig	
STREET ADDRESS	4333 Edgewood Road NE	
CITY-ST-ZIP	Cedar Rapids, IA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig D. Vermie, Vice Pres. 4/24/01 (319) 398-8511

Date Daytime Phone #

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90134 011 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)