## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #820853** 1. Entity Name TRANSAMERICA LIFE INSURANCE AND ANNUITY COMPANY Principal Place of Rusiness Mailing Addrson

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

05-10-2001 90134 011 \*\*\*550.00

| Address of Current Re   | 1150 SOUTH OLIVE STREET B-509 LOS ANGELES CA 90015-22 US 3. Mailing Address Suite, Apt. #, etc. City & State Zip egistered Agent | Coun   | Name Street A  | 5. 7. ddress (P.O   | FEI Number  Certificate of  Name and A   | ddress of New  | RITE IN TH  | \$8.7<br>Fee R  | Ap<br>No<br>'5 Add<br>lequired  | oplied For<br>ot Applicable  |  |  |  |  |  |  |  |
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| Country  1 Address of Current Re  1 SSIONER  3145  Dornits this statement for the | Suite, Apt. #, etc.  City & State  Zip  egistered Agent  |  | Name Street A  | 5. 7. ddress (P.O   | FEI Number     Certificate of     Name and A   | DO NOT W  95-61402  Status Desired  ddress of New is Not Accepta   | RITE IN TH  | \$8.7<br>Fee R  | Ap<br>No<br>'5 Add<br>lequired  | oplied For<br>ot Applicable  |  |  |  |  |  |  |  |
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| I Address of Current Re ISSIONER 3145  Dornits this statement for the             | egistered Agent  |  | Name Street A  | 7.  | . Name and A   | ddress of New  | Registere   | Fee R   | 5 Add   | litional   |  |  |  |  |  |  |  |
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| ISSIONER 3145  ornits this statement for the                                      |  | registere  | Street A   | ddress (P.O   |  | is Not Accepta   | ble)  |   |   |  |  |  |  |  |  |  |  |
| 3145<br>ornits this statement for th  | he purpose of changing its   | registere  | Street A   |   | ). Box Number  |  |   |   |   |  |  |  |  |  |  |  |  |
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| and name of registered agent and  |  |  |  |   |  |  |   |   |   |  |  |  |  |  |  |  |  |
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver of trustee ampowered 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:

Craig D. Vermie, Vice Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(319)398-8511