

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90173 009 ***150.00

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

4333 EDGEWOOD RD NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
CEDAR RAPIDS, IA

Zip

Country

Zip

52499

Country

USA

02232005

Chg-P

CR2E034 (10/03)

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

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPC
CARTER, JOHN
570 CARILLON PARKWAY
SAINT PETERSBURG, FL 33716** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
SCHNEIDER, ARTHUR C
4333 EDGEWOOD ROAD NE,
CEDAR RAPIDS, IA 52499** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
CLANCY, BRENDA K
4333 EDGEWOOD ROAD NE
CEDAR RAPIDS, IA 52499** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DSVP
VERMIE, CRAIG D
4333 EDGEWOOD ROAD NE
CEDAR RAPIDS, IA 52499** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
MEINERS, DIANE
4333 EDGEWOOD ROAD NE
CEDAR RAPIDS, IA 52499** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
NORMAN, LARRY
4333 EDGEWOOD ROAD NE
CEDAR RAPIDS, IA 52499** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D / SVP
WAGLEY, RON F.
1150 S. OLIVE
LOS ANGELES, CA 90015** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D / SVP
CLANCY, BRENDA K.
4333 EDGEWOOD RD NE
CEDAR RAPIDS, IA 52499** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D / VP / T
MEINERS, DIANE
4333 EDGEWOOD RD NE
CEDAR RAPIDS, IA 52499** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 reports 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 10 or Block 11 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

SECRETARY

2/24/05

Date

319-398-8511

Daytime Phone #