

1-22-98 B-0543  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 22 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 # 825204 (1)  
1. Corporation Name  
TRANSAMERICA INSURANCE FINANCE CORPORATION



Principal Place of Business  
170 LAWRENCE BELL DR  
WILLIAMSVILLE NY 14221  
US

Mailing Address  
9399 W HIGGINS RD  
SUITE 600  
ROSEMONT IL 60018  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/16/1970

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 170 Lawrence Bell Drive

52-0905063

Not Applicable

22 City & State

27 ATTN: Legal Department

5. Certificate of Status Desired

XX

\$8.75 Additional  
Fee Required

23 Zip

Country

28 City & State

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

25

29 14221

30

Erie

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 D ☐ DELETE  
NAME READ, STEVEN A  
STREET ADDRESS 1599 WEST OLD MILL ROAD  
CITY-ST-ZIP LAKE FOREST IL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE P ☐ DELETE  
NAME RAKOCY, JOHN G  
STREET ADDRESS 854 LINCOLN AVE  
CITY-ST-ZIP WINNETKA IL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME KOETH, THEODORE J  
STREET ADDRESS 5 WILDWOOD DR  
CITY-ST-ZIP LANCASTER NY

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SVP ☐ DELETE  
NAME APPELT, BRIAN G  
STREET ADDRESS 1916 N WINDHAM CT  
CITY-ST-ZIP ARLINGTON HEIGHTS IL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME REDING, MICHAEL  
STREET ADDRESS 64 VASSAR DR  
CITY-ST-ZIP GETZVILLE NY

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE TDV ☐ DELETE  
NAME HAWKINS, DAVID H.  
STREET ADDRESS 2655 BRODERICK STREET  
CITY-ST-ZIP SAN FRANCISCO CA 94123

6.1 TITLE ☐ Change ☐ 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)(f), 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:

*Brian G. Appelt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/98 (847) 685-1163

Date Daytime Phone # 0502878

CR2E034 (10/97)