

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **833167** (0)

1. Corporation Name
TRANSAMERICA ASSURANCE COMPANY

Principal Place of Business 1150 SOUTH OLIVE STREET LOS ANGELES CA 90015	Mailing Address 1150 SOUTH OLIVE STREET LOS ANGELES CA 90015-2211
--	---



2. Principal Place of Business 21 1100 WALNUT STREET Suite, Apt. #, etc. 22 23RD FLOOR City & State 23 KANSAS CITY, MISSOURI Zip 24 64106		2a. Mailing Address 26 Suite, Apt. #, etc. 27 B-509 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 10/09/1974	3a. Date of Last Report 04/24/1996
		4. FEI Number 95-2844555		Applied For Not Applicable	
		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	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIBIGER, JOHN AL	1.2 NAME	
STREET ADDRESS	1150 SO. OLIVE ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEDERER, JAMES	2.2 NAME	
STREET ADDRESS	1150 S OLIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90015	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAMADA, SALLY S	3.2 NAME	
STREET ADDRESS	1150 S OLIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90015	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUND, DANIEL E.	4.2 NAME	
STREET ADDRESS	1150 S. OLIVE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES FL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLOWASKO, JOHN W.	5.2 NAME	
STREET ADDRESS	1150 S OLIVE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULMER, WILBUR L	6.2 NAME	KAMRAN HAGHIGHI
STREET ADDRESS	1150 S OLIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90015	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Kamran Haghighi **Kamran Haghighi** 4/21/97 (213) 741-6273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Tax Officer Date Daytime Phone #

CR2E034 (9/96)