

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

FILED  
May 14 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 # 833167 (0)  
1. Corporation Name  
TRANSAMERICA ASSURANCE COMPANY



Principal Place of Business  
1100 WALNUT ST  
23RD FLOOR  
KANSAS CITY FL 64106  
US

Mailing Address  
1150 SOUTH OLIVE STREET  
LOS ANGELES CA 90015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/09/1974

4. FEI Number  
95-2844555  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BLDG.  
TALLAHASSEE FL 33145

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  
NAME C  
FIBIGER, JOHN AL  
STREET ADDRESS 1150 SO. OLIVE ST.  
CITY-ST-ZIP LOS ANGELES CA ☐ DELETE

1.1 TITLE  
1.2 NAME C  
1.3 STREET ADDRESS CUSACK, THOMAS J  
1.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME SD  
DEDERER, JAMES  
STREET ADDRESS 1150 S OLIVE  
CITY-ST-ZIP LOS ANGELES CA 90015 ☐ DELETE

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

TITLE  
NAME T  
YAMADA, SALLY S  
STREET ADDRESS 1150 S OLIVE  
CITY-ST-ZIP LOS ANGELES CA 90015 ☐ DELETE

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

TITLE  
NAME PD  
JUND, DANIEL E.  
STREET ADDRESS 1150 S. OLIVE STREET  
CITY-ST-ZIP LOS ANGELES FL ☐ DELETE

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

TITLE  
NAME V  
HOLOWASKO, JOHN W.  
STREET ADDRESS 1150 S OLIVE ST  
CITY-ST-ZIP LOS ANGELES CA ☐ DELETE

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

TITLE  
NAME T  
KAMRAN, HAGHIGHI  
STREET ADDRESS 1150 S OLIVE  
CITY-ST-ZIP LOS ANGELES CA ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 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.

CR2E034 (10/97)