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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90168 043 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 833167

1. Corporation Name

TRANSAMERICA ASSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1100 WALNUT ST
23RD FLOOR
KANSAS CITY FL 64106
US

Mailing Address

1150 SOUTH OLIVE STREET
LOS ANGELES CA 90015

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

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

10. Name and Address of New Registered Agent

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

TITLE C
NAME CUSACK, THOMAS J
STREET ADDRESS 1150 SO. OLIVE ST.
CITY-STATE-ZIP LOS ANGELES CA

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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, with a letter like empowered.

SIGNATURE: Kamran Haghighi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

(213) 741-6273

Date

Daytime Phone #

CR2E034 (11/98)