

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 833167

1. Entity Name

TRANSAMERICA ASSURANCE COMPANY

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90299 013 ***150.00

Principal Place of Business

Mailing Address

1100 WALNUT ST
23RD FLOOR
KANSAS CITY FL 64106
US

1150 SOUTH OLIVE STREET
LOS ANGELES CA 90015-2211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-2844555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 33145

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE CHIEF INVESTMENT OFFICER ☐ Change ☒ Addition
NAME RICHARD N. LATZER
STREET ADDRESS 1150 SO OLIVE STREET
CITY-ST-ZIP LOS ANGELES, CA 90015-2211

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

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

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

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

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

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

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

TITLE STATEMENT OFFICER ☐ Change ☒ Addition
NAME JAMES D. WOLFENDEN
STREET ADDRESS 1150 SOUTH OLIVE STREET
CITY-ST-ZIP LOS ANGELES, CA 90015-2211

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

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

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kamran Haghighi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 25, 2000

Date

213/741-6273

Daytime Phone #

CR2E034 (9/99)