

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90984 005 ***150.00

DOCUMENT # 833167

1. Entity 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

11022245



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 95-2844555

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SVP ☐ Delete
NAME GOODMAN, ERIC B
STREET ADDRESS 400 W MARKET STREET
CITY-ST-ZIP LOUISVILLE KY 40202

TITLE Director, President ☒ Change ☐ Addition
NAME Alan Warrick
STREET ADDRESS 1020 W. 4th Street
CITY-ST-ZIP Little Rock, AR 72201

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

TITLE Director, Vice President ☐ Change ☒ Addition
NAME James A. Beardsworth
STREET ADDRESS 4333 Edgewood Road NE
CITY-ST-ZIP Cedar Rapids, IA 52499

TITLE TVP ☒ Delete
NAME COURTNEY, TYE B.RAYMOND
STREET ADDRESS 1020 WEST 4TH
CITY-ST-ZIP LITTLE ROCK AR 72201

TITLE Director, Treasurer ☒ Change ☐ Addition
NAME Diane Meiners
STREET ADDRESS 4333 Edgewood Road NE
CITY-ST-ZIP Cedar Rapids, IA 52499

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

TITLE Director, Vice President ☒ Change ☐ Addition
NAME Arthur C. Schneider
STREET ADDRESS 4333 Edgewood Road NE
CITY-ST-ZIP Cedar Rapids, IA 52499

TITLE CVPD ☒ Delete
NAME VERMIE, CRAIG D
STREET ADDRESS 4333 EDGEWOOD ROAD NE
CITY-ST-ZIP CEDAR RAPIDS IA 52499

TITLE Director, Secretary, VP ☒ Change ☐ Addition
NAME Craig D. Vermie
STREET ADDRESS 4333 Edgewood Road NE
CITY-ST-ZIP Cedar Rapids, IA 52499

TITLE SVPD ☐ Delete
NAME CLANCY, BRENDA K
STREET ADDRESS 4333 EDGEWOOD ROAD NE
CITY-ST-ZIP CEDAR RAPIDS IA 52499

TITLE Director ☐ Change ☒ Addition
NAME Christopher H. Garrett
STREET ADDRESS 4333 Edgewood Road NE,
CITY-ST-ZIP Cedar Rapids, IA 52499

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Craig D. Vermie* **Craig D. Vermie** **Director, Secretary, VP** **4/25/03** **319-398-8511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)