

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

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001703 (4)

1. Corporation Name
TRANSAMERICA HOME LOAN CORPORATION

Principal Place of Business
1150 SOUTH OLIVE STREET
SUITE 2800
LOS ANGELES CA 90015

Mailing Address
1150 SOUTH OLIVE STREET
SUITE 2800
LOS ANGELES CA 90015



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/03/1997
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 95-4390993
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
29	30	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 the applicable

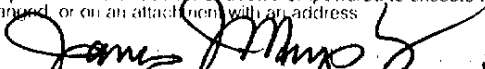
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	CPD (Interim)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYDUS, SEDRICK A		1.2 NAME	Stephen H. Foltz	
STREET ADDRESS	1150 SOUTH OLIVE STREET, SUITE 2800		1.3 STREET ADDRESS	9399 W. Higgins Rd., Ste. 600	
CITY-ST-ZIP	LOS ANGELES CA 90015		1.4 CITY-ST-ZIP	Rosemont, IL. 60018	
TITLE	EVD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOVER, JERRY D		2.2 NAME		
STREET ADDRESS	1150 SOUTH OLIVE STREET, SUITE 2800		2.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA 90015		2.4 CITY-ST-ZIP		
TITLE	VQCS	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, JAMES J		3.2 NAME		
STREET ADDRESS	1150 SOUTH OLIVE STREET, SUITE 2800		3.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA 90015		3.4 CITY-ST-ZIP		
TITLE	EVD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VON KAPFF, MARCUS A		4.2 NAME		
STREET ADDRESS	1150 SOUTH OLIVE STREET, SUITE 2800		4.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA 90015		4.4 CITY-ST-ZIP		
TITLE	CFOT	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, DAVID H		5.2 NAME		
STREET ADDRESS	800 MONTGOMERY STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA 94111		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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.

SIGNATURE:



James J. Murphy, Vice President (213) 742-4762

2/17/98

CR2E034 (10/97)