


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90173 001 ***150.00

DOCUMENT # F97000005098	
1. Entity Name AEGON FINANCIAL SERVICES GROUP, INC.	

Principal Place of Business 4333 EDGEWOOD RD NE CEDAR RAPIDS, IA 52499	Mailing Address 4333 EDGEWOOD RD NE CEDAR RAPIDS, IA 52499
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2. Principal Place of Business 600 S. Highway 169	3. Mailing Address Suite 1800
Suite, Apt. #, etc. Suite 1800	Suite, Apt. #, etc.
City & State Minneapolis, MN	City & State
Zip 55426	Country USA

	
02232005	Chg-P CR2E034 (10/03)
4. FEI Number 41-1479568	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAIG, VERMIE D 4333 EDGEWOOD ROAD NE CEDAR RAPIDS, IA 52499 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALLET, JOHN 4333 EDGEWOOD RD NE CEDAR RAPIDS, IA 52499 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COTB NORMAN, LARRY N 4333 EDGEWOOD RD NE CEDAR RAPIDS, IA 52499 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NELSON, PAULA G 600 S. HIGHWAY 169, SUITE 1800 MINNEAPOLIS, MN 55426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZIEGLER, RONALD L 4333 EDGEWOOD ROAD NE CEDAR RAPIDS, IA 52499 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAMP, FRANK A 4333 EDGEWOOD ROAD, NE CEDAR RAPIDS, IA 52499 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Frank A. Camp**
Secretary Date **2/24/05** Daytime Phone # **319-398-8511**