

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90251 020 ***150.00

DOCUMENT # F97000005098

1. Entity Name

AEGON FINANCIAL SERVICES GROUP, INC.



Principal Place of Business

600 S. HWY 169 SUITE 1800
MINNEAPOLIS, MN 55426

Mailing Address

4333 EDGEWOOD RD NE
CEDAR RAPIDS, IA 52499

40031031



04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

41-1479568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

TITLE T
NAME MALLET, JOHN
STREET ADDRESS 4333 EDGEWOOD RD NE
CITY-ST-ZIP CEDAR RAPIDS, IA 52499

TITLE DPT
NAME NORMAN, LARRY N
STREET ADDRESS 4333 EDGEWOOD RD NE
CITY-ST-ZIP CEDAR RAPIDS, IA 52499

TITLE D
NAME ONEILL, THOMAS P
STREET ADDRESS 1111 N CHARLES ST
CITY-ST-ZIP BALTIMORE, MD 21201

TITLE VP
NAME ZIEGLER, RONALD L
STREET ADDRESS 4333 EDGEWOOD ROAD NE
CITY-ST-ZIP CEDAR RAPIDS, IA 52499

TITLE S
NAME CAMP, FRANK A
STREET ADDRESS 4333 EDGEWOOD ROAD, NE
CITY-ST-ZIP CEDAR RAPIDS, IA 52499

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank A. Camp, Secretary 4/29/08 319-355-7906

Date

Daytime Phone #