


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

FILED  
Feb 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P04474** (3)  
1. Corporation Name  
**AEGON USA REALTY ADVISORS, INC.**



Principal Place of Business <b>4333 EDGEWOOD ROAD NE CEDAR RAPIDS IA 52402-6601</b>	Mailing Address <b>4333 EDGEWOOD ROAD NE CEDAR RAPIDS IA 52402-6601</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified <b>12/26/1984</b>	4. FEI Number <b>42-1205796</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

g. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	
--	--

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> DELETE
NAME	<b>FALCONIO, PATRICK E.</b>
STREET ADDRESS	<b>4333 EDGEWOOD ROAD NE</b>
CITY-ST-ZIP	<b>CEDAR RAPIDS IA</b>
TITLE	V <input type="checkbox"/> DELETE
NAME	<b>NORDSTORM, THOMAS L.</b>
STREET ADDRESS	<b>4333 EDGEWOOD ROAD NE</b>
CITY-ST-ZIP	<b>CEDAR RAPIDS FL</b>
TITLE	P <input type="checkbox"/> DELETE
NAME	<b>BLANKENSHIP, DAVID L.</b>
STREET ADDRESS	<b>4333 EDGEWOOD ROAD NE</b>
CITY-ST-ZIP	<b>CEDAR RAPIDS IA</b>
TITLE	VTS <input type="checkbox"/> DELETE
NAME	<b>FLETCHER, ALAN F.</b>
STREET ADDRESS	<b>4333 EDGEWOOD ROAD NE</b>
CITY-ST-ZIP	<b>CEDAR RAPIDS IA</b>
TITLE	VPS <input type="checkbox"/> DELETE
NAME	<b>DEWALD, MAUREEN</b>
STREET ADDRESS	<b>4333 EDGEWOOD ROAD NE</b>
CITY-ST-ZIP	<b>CEDAR RAPIDS IA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

Senior Vice President,  
Secretary, and General  
Counsel

CR2E034 (10/97)

66 - AEGON USA REALTY ADVISORS INC.

4333 Edgewood Road N.E.  
Cedar Rapids, IA 52499  
(319)398-8511

Date of Incorporation: August 26, 1983  
State of Incorporation: Iowa  
Federal Tax Id: 42-1205796  
Shares Authorized: 1,000 shares common stock Par Value: \$ 1.00  
Shares Issued: 100 shares common stock  
Shares Authorized: Par Value:  
Shares Issued:  
Parent Company: AUSA HOLDING COMPANY  
Annual Meeting Day: Second Friday in April  
Required Directors: 3-9  
Principal Business: Adm & Inv services  
NAIC Group Code:  
NAIC Company Code:  
Last Exam Date:  
Best Rating:

DIRECTORS

DAVID L. BLANKENSHIP  
BRENDA K. CLANCY  
PATRICK E. FALCONIO  
STEVEN J. KAPLAN  
DOUGLAS C. KOLSRUD  
TOM A. SCHLOSSBERG

OFFICERS

DAVID L. BLANKENSHIP	PRESIDENT
	CHAIRMAN OF THE BOARD
MAUREEN DEWALD	SENIOR VICE PRESIDENT
	SECRETARY
	GENERAL COUNSEL
ALAN F. FLETCHER	SENIOR VICE PRESIDENT
	CHIEF FINANCIAL OFFICER
	ASSISTANT SECRETARY
J. DENNIS FORD	SENIOR VICE PRESIDENT
JAMES MACKINNON	SENIOR VICE PRESIDENT
THOMAS L. NORDSTROM	SENIOR VICE PRESIDENT
LINDSAY SCHUMACHER	SENIOR VICE PRESIDENT
BRAD STOFFERAHN	SENIOR VICE PRESIDENT
JOHN DONNER	VICE PRESIDENT
	ASSISTANT SECRETARY
DAVID C. FELTMAN	VICE PRESIDENT
PAUL KINYON	VICE PRESIDENT
STEVEN J. MYERS	VICE PRESIDENT

APPOINTED OFFICERS

CRAIG D. VERMIE	ASSISTANT SECRETARY
-----------------	---------------------