



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2004 8:00 am
Secretary of State

05-20-2004 90006 009 ***150.00

DOCUMENT # P21648 1. Entity Name AEGON/TRANSAMERICA SERIES FUND, INC.					
Principal Place of Business 570 CARILLON PKWY ST PETERSBURG, FL 33716-1202			Mailing Address PO BOX 5068 CLEARWATER, FL 33758-5068		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2659537	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324-1202			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 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KENNEY, JOHN R 570 CARILLON PKWY ST PETERSBURG, FL 337161202	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	William R. Short, Jr. D/VC 570 Carillon Parkway St. Petersburg FL 33716-1202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BROWN, PETER R 570 CARILLON PKWY ST PETERSBURG, FL 337161202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, LEO J 570 CARILLON PKWY SAINT PETERSBURG, FL 337161202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/CEO Brian C. Scott 4333 Edgewater Road, NE Cedar Rapids, IA 52499
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALABRIA, DANIEL 570 CARILLON PARKWAY ST PETERSBURG, FL 337161202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Janice B. Case D 570 Carillon Parkway St. Petersburg, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, CHARLES C. 570 CARILLON PKWY ST PETERSBURG, FL 337161202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas P. O'Neill D 111 N. Charles St. Baltimore, MD 21201-4500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIMBALL, RUSSELL A JR. 570 CARILLON PKWY ST PETERSBURG, FL 337161202	<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: _____ 5-14-04 727-29-1224					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					