

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

FILED
Apr 16 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 # **P39497** (3)
1. Corporation Name
AEGON USA INVESTMENT MANAGEMENT, INC.

Principal Place of Business 4333 EDGEWOOD ROAD N.E. CEDAR RAPIDS IA 52499-5336	Mailing Address 4333 EDGEWOOD ROAD N.E. CEDAR RAPIDS IA 52499-5336
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1992	
21		26		4. FEI Number 42-1333264	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent CT 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
				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

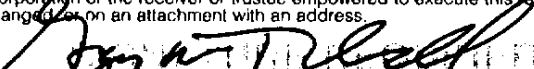
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	FALCONIO, PATRICK E.	1.2 NAME	
STREET ADDRESS	4333 EDGEWOOD RD., NE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CEDAR RAPIDS IA	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	VERMIE, CRAIG D	2.2 NAME	
STREET ADDRESS	4333 EDGEWOOD ROAD N.E.	2.3 STREET ADDRESS	
CITY - ST - ZIP	CEDAR RAPIDS IA 52499-5336	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	
NAME	FLYNN, DONALD E.	3.2 NAME	
STREET ADDRESS	4333 EDGEWOOD RD., NE	3.3 STREET ADDRESS	
CITY - ST - ZIP	CEDAR RAPIDS IA	3.4 CITY - ST - ZIP	
TITLE	VT	4.1 TITLE	
NAME	KETTERING, JON D	4.2 NAME	
STREET ADDRESS	4333 EDGEWOOD RD., NE	4.3 STREET ADDRESS	
CITY - ST - ZIP	CEDAR RAPIDS IA	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	
NAME	O'BRIEN, RALPH M.	5.2 NAME	
STREET ADDRESS	4333 EDGEWOOD RD., NE	5.3 STREET ADDRESS	
CITY - ST - ZIP	CEDAR RAPIDS IA	5.4 CITY - ST - ZIP	
TITLE	VPS	6.1 TITLE	
NAME	THEOBALD, GREGORY W.	6.2 NAME	
STREET ADDRESS	4333 EDGEWOOD RD., NE	6.3 STREET ADDRESS	
CITY - ST - ZIP	CEDAR RAPIDS IA	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:



Gregory W. Theobald 4/9/98 301-398-7935

CR2E034 (10/97)