amcray PRPF

Organization ID # 0440335 Commonwealth of Kentucky State of origin KY
Filing fee \$130.00 Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 2/8/2017 2:17 PM Fee Receipt: \$130.00

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## Reinstatement Application and Reinstatement Annual Report For the years 2016 through 2017

RST

Exact organization name and principal office address

AEGON ASSIGNMENT CORPORATION OF KENTUCKY LEGAL-M52360 4333 EDGEWOOD RD NE CEDAR RAPIDS IA 52499 The principal office address and registered agent nameforfice address cannot be changed on this form. When reinstating, you cannot shoully the addresses until the reinstatement is filled. Once the reinstatement is filled. Once the reinstatement is filled, the statement of change can be filled online at <a href="mailto:app.sos.kv.gov/fileserch">app.sos.kv.gov/fileserch</a> or can be downloaded from our website.

#### Registered Agent and Registered Office Address

C T CORPORATION SYSTEM 306 W MAIN ST SUITE 512 FRANKFORT, KY 40601



		all current officers. All organizations must list at least one (1) offic Corporations are required to list a Secretary or other officer servi	
President	TOM ST. ANDREWS	S	
Occident	ANDREW W. MART		
Treasurer	KEVIN CRIST		
Assistant Secretary	AMY E. ANGLE		
Directors - List the name addrector addresses default to the		plicable).No listing of directors is verification that the corporation i	has dispensed with directors. If not specified,
TOM ST. ANDREWS			
KEVIN CRIST			
900TTHAN			
The undersigned states t	hat the grounds for disso	on October 1, 2016 because the entity did not file plution either did not exist or have been eliminate a check in the amount of \$130.00, payable to Ker	ed, and the entity's name satisfies the
	AEGON ASSIGNMENT	y authorizes the Kentucky Department of Revent CORPORATION OF KENTUCKY to the Secretar	
If not an officer of said, er	lijity, please provide a De	eclaration of Power of Attorney with the Reinstate	ement Application.
x /1m 900	rom	Arny E. Angle, Assistant Secretary	02/07/2017
Signature of princes or stre	men prate board (required)	Title (Required)	Date (Required)

COMMONWEALTH OF KENTUCKY
DIVISION OF UNEMPLOYMENT INSURANCE
TAX ENFORCEMENT BRANCH
EMPLOYER STATUS SECTION
275 E MAIN ST, 2ND FLOOR EAST
FRANKFORT, KY 40621-0001
(502) 564-2272
FAX: (502) 564-5442
https://kewes.ky.gov
DES.UIT@KY.GOV

Date: 2/7/2017

### **AEGON ASSIGNMENT CORPORATION OF KENTUCKY**

Dear Sir/Madam:

KRS 14A.7-030 (1) (f) CERTIFICATE

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030 (1) (f).

Sincerely

**CHAD ATHA** 

**Division of Unemployment Insurance** 

275 East Main Street

Frankfort, Kentucky 40601

Phone: (502) 564-2272 FAX: (502) 564-5442





DANIEL P. BORK
Commissioner

# FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

February 8, 2017

AEGON ASSIGNMENT CORPORATION OF KENTUCKY LEGAL-M52360 4333 EDGEWOOD RD NE CEDAR RAPIDS IA 52499

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **AEGON ASSIGNMENT CORPORATION OF KENTUCKY** has filed Kentucky Income Tax Returns through the tax year ended 2015, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

John REV3858, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2099 FAX# 502-564-3392

Kentucky Secretary of State organization number 0440335





### **COMMONWEALTH OF KENTUCKY DIVISION OF UNEMPLOYMENT INSURANCE**

TAX ENFORCEMENT BRANCH **EMPLOYER STATUS SECTION** 275 E MAIN ST, 2-EH FRANKFORT, KY 40621-0001 (502) 564-2272 https://kewes.ky.gov DES.UIT@KY.GOV

Date: 02/08/2017

AEGON ASSIGNMENT CORPORATION OF KENTUCKY

Dear Sir/Madam:

KRS 14A.7-030(1)(f) CERTIFICATE

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

Sincerely,

Chad Atha Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621

Phone: (502) 564-2272

Kentucky Secretary of State organization number 0440335

