


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90262 009 \*\*\*150.00

DOCUMENT # 837079		
1. Entity Name TRANSAMERICA LIFE INSURANCE COMPANY		

Principal Place of Business ATTN: LEGAL DEPT. 4333 EDGEWOOD ROAD NE CEDAR RAPIDS, IA 52402-6601	Mailing Address ATTN: LEGAL DEPT. 4333 EDGEWOOD ROAD NE CEDAR RAPIDS, IA 52402-6601
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04222004 No Chg-P CR2E034 (10/03)

4. FEI Number 39-0989781	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000

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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**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS VERMIE, CRAIG D. 4333 EDGEWOOD RD NE CEDAR RAPIDS, IA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTVP CLANCY, BRENDA K 4333 EDGEWOOD ROAD NE CEDAR RAPIDS, IA 52499
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NORMAN, LARRY N 4333 EDGEWOOD RD NE CEDAR RAPIDS, IA 52499
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXVP CARP, MARILYN 520 PARK AVENUE BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCHNEIDER, ARTHUR C 4333 EDGEWOOD RD. NE. CEDAR RAPIDS, IA 52499
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRETT, CHRISTOPHER H 4333 EDGEWOOD RD NE CEDAR RAPIDS, IA 52499

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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: Craig D. Vermie      Date: 4/22/04      Daytime Phone #: 319-398-8511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR