


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90173 003 \*\*\*150.00

<b>DOCUMENT # 837079</b> 1. Entity Name <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>	
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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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10000100



2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>39-0989781</b>	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State	City & State	6. Name and Address of Current Registered Agent	
Zip	Country	Zip	Country

02232005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER</b> <b>P O BOX 6200 (32314-6200)</b> <b>200 E. GAINES ST</b> <b>TALLAHASSEE, FL 32399-0000</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DVS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VERMIE, CRAIG D.			NAME			
STREET ADDRESS	4333 EDGEWOOD RD NE			STREET ADDRESS			
CITY-ST-ZIP	CEDAR RAPIDS, IA			CITY-ST-ZIP			
TITLE	DTVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLANCY, BRENDA K			NAME			
STREET ADDRESS	4333 EDGEWOOD ROAD NE			STREET ADDRESS			
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499			CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORMAN, LARRY N			NAME			
STREET ADDRESS	4333 EDGEWOOD RD NE			STREET ADDRESS			
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499			CITY-ST-ZIP			
TITLE	EXVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARP, MARILYN			NAME			
STREET ADDRESS	520 PARK AVENUE			STREET ADDRESS			
CITY-ST-ZIP	BALTIMORE, MD 21201			CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHNEIDER, ARTHUR C			NAME			
STREET ADDRESS	4333 EDGEWOOD RD. NE.			STREET ADDRESS			
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D / VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GARRETT, CHRISTOPHER H			NAME	ZIEGLER, RONALD L.		
STREET ADDRESS	4333 EDGEWOOD RD NE			STREET ADDRESS	4333 EDGEWOOD RD NE		
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499			CITY-ST-ZIP	CEDAR RAPIDS, IA 52499		

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 reports 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** **SECRETARY** **2/24/05** **319-398-8511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #