2006 FOR PROFIT CORPORATION - ANNUAL REPORT

DOCUMENT #837079

1. Entity Name



FILED

Apr 05, 2006 8:00 am Secretary of State

04-05-2006 90156 043 ***150.00

TRANSAMERICA LIFE INSURANCE COMPANY Principal Place of Business Mailing Address JUUUJAOA ATTN: LEGAL DEPT. ATTN: LEGAL DEPT. 4333 EDGEWOOD ROAD NE 4333 EDGEWOOD ROAD NE **CEDAR RAPIDS, IA 52402-6601** CEDAR RAPIDS, IA 52402-6601 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For City & State 39-0989781 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 Zip Code City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition DVS ☐ Change ☐ Delete TITLE TITLE VERMIE, CRAIG D. NAME NAME 4333 EDGEWOOD RD NE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CEDAR RAPIDS, IA CITY-ST-ZIP Change DTVP D/EVP/COO ☐ Addition TITLE TITLE Delete CLANCY, BRENDA K NAME NAME CLANCY, BRENDA K. STREET ADDRESS STREET ADDRESS 4333 EDGEWOOD ROAD NE 4333 EDGEWOOD BOAD NE CEDAR RAPIDS, IA 52499 CITY-ST-ZIP CITY-ST-ZIP CEDAR RAPIDS, IA 52499 DP ☐ Change Addition TITLE TITLE ☐ Delete NORMAN, LARRY N NAME NAME STREET ADDRESS 4333 EDGEWOOD RD NE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CEDAR RAPIDS, IA 52499 SR VP / CFO Addition TITLE □ Change **FXVP** Delete TITLE CARP, MARILYN NAME BUTTON, DARRYL D. NAME STREET ADDRESS **520 PARK AVENUE** STREET ADDRESS 4333 EDGEWOOD ROAD NE BALTIMORE, MD 21201 CITY-ST-ZIF CITY-ST-ZIP CEDAR RAPIDS, IA 52499 ☐ Change TITLE DVP ☐ Delete TITLE ☐ Addition SCHNEIDER, ARTHUR C NAME NAME 4333 EDGEWOOD RD. NE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CEDAR RAPIDS, IA 52499 City-ST-ZIP □ Change DVP Delete TITLE ☐ Addition TITLE ZEGLER, RONALD L NAME NAME 4333 EDGEWOOD RD NE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CEDAR RAPIDS, IA 52499 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

Craig D. Vermie Craig D. Vermie

Secretary

SIGNATURE:

SIGNATURE AND ED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR 3/24/06

319-398-8511

Daytime Phone #