

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2007 8:00 am
Secretary of State

06-11-2007 90006 026 ***550.00

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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40120325



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

05182007 Chg-P CR2E034 (12/06)

4. FEI Number 39-0989781	Applied For <input type="checkbox"/> 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

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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 \$550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	DVS	<input type="checkbox"/> Delete
NAME	VERMIE, CRAIG D.	
STREET ADDRESS	4333 EDGEWOOD RD NE	
CITY-ST-ZIP	CEDAR RAPIDS, IA	
TITLE	DEVP	<input type="checkbox"/> Delete
NAME	CLANCY, BRENDA K	
STREET ADDRESS	4333 EDGEWOOD ROAD NE	
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499	
TITLE	DP	<input type="checkbox"/> Delete
NAME	NORMAN, LARRY N	
STREET ADDRESS	4333 EDGEWOOD RD NE	
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499	
TITLE	SRVP	<input type="checkbox"/> Delete
NAME	BUTTON, DARRYL D	
STREET ADDRESS	4333 EDGEWOOD RD. NE	
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SCHNEIDER, ARTHUR C	
STREET ADDRESS	4333 EDGEWOOD RD. NE.	
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ZEGLER, RONALD L	
STREET ADDRESS	4333 EDGEWOOD RD NE	
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:  **Craig D. Vermie, Secretary** 5/24/07 319-355-7906

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