

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90226 002 ***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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		04282008 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 39-0989781	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			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 \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVS <input type="checkbox"/> Delete	TITLE	D, Sr VP Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VERMIE, CRAIG D.	NAME	Vermie, Craig D.		
STREET ADDRESS	4333 EDGEWOOD RD NE	STREET ADDRESS	4333 Edgewood Rd NE		
CITY-ST-ZIP	CEDAR RAPIDS, IA	CITY-ST-ZIP	Cedar Rapids IA 52499		
TITLE	DEVP <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	SRVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUTTON, DARRYL D	NAME			
STREET ADDRESS	4333 EDGEWOOD RD, NE	STREET ADDRESS			
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499	CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> Delete	TITLE	D, Sr VP Chief Tax Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHNEIDER, ARTHUR C	NAME	Schneider, Arthur C.		
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		
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZEGLER, RONALD L	NAME			
STREET ADDRESS	4333 EDGEWOOD RD NE	STREET ADDRESS			
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499	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:			Date: <u>Craig D. Vermie, Secretary 4/29/08</u> 319-355-7906		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		