

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90984 012 ***150.00

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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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **39-0989781**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVS** Delete
NAME **VERMIE, CRAIG D.**
STREET ADDRESS **4333 EDGEWOOD RD NE**
CITY-ST-ZIP **CEDAR RAPIDS IA**

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **PCFT** Delete
NAME **CLANCY, BRENDA K**
STREET ADDRESS **4333 EDGEWOOD ROAD NE**
CITY-ST-ZIP **CEDAR RAPIDS IA 52499**

TITLE **Director, Treasurer, VP** Change Addition
NAME **Brenda K. Clancy**
STREET ADDRESS **4333 Edgewood Road NE**
CITY-ST-ZIP **Cedar Rapids, IA 52499**

TITLE **PD** Delete
NAME **BUSLER, WILLIAM L.**
STREET ADDRESS **4333 EDGEWOOD RD NE**
CITY-ST-ZIP **CEDAR RAPIDS IA**

TITLE **Director, President** Change Addition
NAME **Larry N. Norman**
STREET ADDRESS **4333 Edgewood Road NE**
CITY-ST-ZIP **Cedar Rapids, IA 52499**

TITLE **EXVP** Delete
NAME **CARP, MARILYN**
STREET ADDRESS **520 PARK AVENUE**
CITY-ST-ZIP **BALTIMORE MD 21201**

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **DSVC** Delete
NAME **BAIRD, PATRICK S.,**
STREET ADDRESS **4333 EDGEWOOD RD. NE.**
CITY-ST-ZIP **CEDAR RAPIDS IA 52499**

TITLE **Director, Vice President** Change Addition
NAME **Arthur C. Schneider**
STREET ADDRESS **4333 Edgewood Road NE**
CITY-ST-ZIP **Cedar Rapids, IA 52499**

TITLE **DVP** Delete
NAME **KOLSRUD, DOUGLAS C.**
STREET ADDRESS **4333 EDGEWOOD RD NE**
CITY-ST-ZIP **CEDAR RAPIDS IA 52499**

TITLE **Director,** Change Addition
NAME **Christopher H. Garrett**
STREET ADDRESS **4333 Edgewood Road NE**
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 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 an other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

Craig D. Vermie
Director, Secretary, VP 4/25/03 319-398-8511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E084 (10/02)