
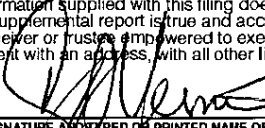


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90263 050 ***150.00

DOCUMENT # F93000005305					
1. Entity Name TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY					
Principal Place of Business 4 MANHATTANVILLE RD PURCHASE, NY 10577 US		Mailing Address 4333 EDGEWOOD RD., N.E. CEDAR RAPIDS, IA 52499			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 36-6071399	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
				CR2E034 (10/03)	
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, 2004 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	P	<input checked="" type="checkbox"/> Delete	TITLE	D, P, COTB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHLOSSBERG, TOM A		NAME	Mark W. Mullin	
STREET ADDRESS	4 MANHATTANVILLE RD.		STREET ADDRESS	4 Manhattanville Rd	
CITY-ST-ZIP	PURCHASE, NY 10577		CITY-ST-ZIP	Purchase, NY 10577	
TITLE	DCA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGAS, COLLETTE		NAME		
STREET ADDRESS	6 MAHATTANVILLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	PUCHASE, NY		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLANCY, BRENDA K		NAME		
STREET ADDRESS	4333 EDGEWOOD RD NE		STREET ADDRESS		
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERHAGEN, COR H		NAME		
STREET ADDRESS	51 JFK PKY.		STREET ADDRESS		
CITY-ST-ZIP	SHORT HILLS, NJ 07078		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSLER, WILLIAM L		NAME		
STREET ADDRESS	4333 EDGEWOOD ROAD NE		STREET ADDRESS		
CITY-ST-ZIP	CEDAR RAPIDS, AL 352499		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERMIE, CRAIG D.		NAME		
STREET ADDRESS	4333 EDGEWOOD ROAD NE		STREET ADDRESS		
CITY-ST-ZIP	CEDAR RAPIDS, IA		CITY-ST-ZIP		
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 all other like empowered.					
SIGNATURE: 		Craig D. Vermie Secretary		4/22/04 319-398-8511	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	