

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

06-11-2007 90006 028 \*\*\*550.00



**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 - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

05232007 Chg-P CR2E034 (12/06)

4. FEI Number **36-6071399** Applied For  Not Applicable

5. Certificate of Status Desired  **\$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARTIN, ERIC J 4333 EDGEWOOD ROAD NORTHEAST CEDAR RAPIDS, IA 52499 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/C Martin, Eric J. 4333 Edgewood Rd Ne Cedar Rapids, IA 52499 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCA VARGAS, COLLETTE 6 MAHATTANVILLE ROAD PUCHASE, NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS COLBY, ROBERT F 6 MANGATTAVILLE ROAD PURCHASE, NY 10577 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERHAGEN, COR H 51 JFK PKY. SHORT HILLS, NJ 07078 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BUSLER, WILLIAM L 4333 EDGEWOOD ROAD NE CEDAR RAPIDS, AL 352499 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/COTB Mullin, Mark W. 4 Manhattanville Rd Purchase, NY 10577 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VERMIE, CRAIG D. 4333 EDGEWOOD ROAD NE CEDAR RAPIDS, IA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** 5/24/07 219-355-7906  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #