2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005305

Entity Name: TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

FILED Jun 24, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
4 MANHATTANVILLE RD PURCHASE, NY 10577 US						
Current Mailing Address:				New Mailing Address:		
4333 EDGEWOOD RD., N.E. CEDAR RAPIDS, IA 52499			4333 EDGEWOOD RD., N.E. ATTN: LINDA DVORAK CEDAR RAPIDS, IA 52499			
FEI Number: 36-6071399 FEI Number Applied For () FEI Number			nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US						
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.						
SIGNATURE:						
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CON () Delete MARTIN, ERIC J 4333 EDGEWARD RD. NE CEDAR RIDGE, IA 32499			Title: Name: Address: City-St-Zip:	()) Change ()Addition
Title: Name: Address: City-St-Zip:	DCA () [VARGAS, COLLE 6 MAHATTANVILI PUCHASE, NY			Title: Name: Address: City-St-Zip:	DCA (X VARGAS, COLI 4 MANHATTAN' PURCHASE, N'	VILLE ROAD
Title: Name: Address: City-St-Zip:	DVAS () [COLBY, ROBER 6 MANGATTAVIL PURCHASE, NY	LE ROAD		Title: Name: Address: City-St-Zip:	COLBY, ROBE	VILLE ROADROAD
Title: Name: Address: City-St-Zip:	D () E VERHAGEN, COI 51 JFK PKY. SHORT HILLS, N			Title: Name: Address: City-St-Zip:	VERHAGEN, C	RANGE AVENUE
Title: Name: Address: City-St-Zip:	DP () E KANKE, PETER 4 MANHATVILLE PURCHASE, NY			Title: Name: Address: City-St-Zip:	DP (X KUNKEL, PETE 4 MANHATTAN' PURCHASE, N'	VILLE ROAD
Title: Name: Address: City-St-Zip:	S () E VERMIE, CRAIG 4333 EDGEWOO CEDAR RAPIDS,	DD ROAD NE		Title: Name: Address: City-St-Zip:	S (X VERMIE, CRAI 4333 EDGEWO CEDAR RAPID	OOD ROAD NE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG D. VERMIE S 06/24/2009