

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 837079

**FILED**  
**Mar 08, 2016**  
**Secretary of State**  
**CC1086136134**

**Entity Name:** TRANSAMERICA LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

ATTN: LEGAL DEPT.  
4333 EDGEWOOD ROAD NE  
CEDAR RAPIDS, IA 52499

**Current Mailing Address:**

ATTN: LEGAL DEPT.  
4333 EDGEWOOD ROAD NE  
CEDAR RAPIDS, IA 52499 US

**FEI Number: 39-0989781**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 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

**Officer/Director Detail :**

Title	D, S, SVP, GC
Name	ORLANDI, JAY
Address	4333 EDGEWOOD RD NE
City-State-Zip:	CEDAR RAPIDS IA
Title	DCOB
Name	MULLIN, MARK W
Address	100 LIGHT STREET, FLOOR B1
City-State-Zip:	BALTIMORE MD 21202
Title	D, SVP
Name	SCHULZ, DAVID
Address	4333 EDGEWOOD RD. NE.
City-State-Zip:	CEDAR RAPIDS IA 52499

Title	PRESIDENT
Name	CLANCY, BRENDA K
Address	4333 EDGEWOOD ROAD NE
City-State-Zip:	CEDAR RAPIDS IA 52499
Title	D, CFO & SVP, TREASURER
Name	KATWIJK, C. MICHIEL VAN
Address	4333 EDGEWOOD ROAD NE
City-State-Zip:	CEDAR RAPIDS IA 52499
Title	DIRECTOR
Name	BOSTWICK, BLAKE S
Address	4600 SOUTH SYRACUSE STREET SUITE 1100
City-State-Zip:	DENVER CO 80327

*I hereby 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 all other like empowered.*

**SIGNATURE: JAY ORLANDI**

**SENIOR VICE PRESIDENT 03/08/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date