

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837079

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
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 & CHIEF TAX OFFICER
Name	SCHNEIDER, ARTHUR C
Address	4333 EDGEWOOD RD. NE.
City-State-Zip:	CEDAR RAPIDS IA 52499

Title	DP
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	SVP & CONTROLLER
Name	MARTIN, ERIC J
Address	4333 EDGEWOOD RD NE
City-State-Zip:	CEDAR RAPIDS IA 52499

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 03/17/2015

Electronic Signature of Signing Officer/Director Detail

Date