

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837079

Entity Name: TRANSAMERICA LIFE INSURANCE COMPANY

Current Principal Place of Business:

ATTN: CORPORATE SECRETARIAL
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
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, CFO & TREASURER
Name KATWIJK, C. MICHIEL VAN
Address 4333 EDGEWOOD ROAD NE
City-State-Zip: CEDAR RAPIDS IA 52499

Title D, SVP
Name SCHULZ, DAVID
Address 4333 EDGEWOOD RD. NE.
City-State-Zip: CEDAR RAPIDS IA 52499

Title PRESIDENT, 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: VONDA OLSON ON BEHALF OF JAY ORLANDI

**JAY ORLANDI
SECRETARY**

04/24/2018

Electronic Signature of Signing Officer/Director Detail

Date