## 2019 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F93000005305

Entity Name: TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

FILED
Jul 09, 2019
Secretary of State
5660446195CC

**Current Principal Place of Business:** 

440 MAMARONECK AVENUE HARRISON, NY 10528

## **Current Mailing Address:**

440 MAMARONECK AVENUE HARRISON, NY 10528 US

FEI Number: 36-6071399 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 SECRETARY, DIRECTOR Title DIRECTOR, PRESIDENT ORLANDI, JAY Name Name BOSTWICK, BLAKE S 100 LIGHT STREET 1800 CALIFORNIA ST Address Address City-State-Zip: DENVER CO 80202 BALTIMORE MD 21202 City-State-Zip:

 Title
 TREASURER, DIRECTOR
 Title
 DIRECTOR

 Name
 VAN KATWIJK, C. MICHIEL
 Name
 SCHULZ, DAVID

Address 4333 EDGEWOOD RD NE Address 4333 EDGEWOOD ROAD NE City-State-Zip: CEDAR RAPIDS IA 52499 City-State-Zip: CEDAR RAPIDS IA 52499

Title DIRECTOR Title DIRECTOR

NameCOOPER, WENDYNameKRONENBERG, ANNEAddress245 EAST 93RD STREETAddress187 GUARD HILL ROAD

APT. 30E City-State-Zip:

City-State-Zip: NEW YORK NY 10128

Title DIRECTOR
Name YUSON, JUNE

Address 245 EAST 93RD STREET

APT. 10G

City-State-Zip: NEW YORK NY 10128

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 SECRETARY 07/09/2019

BEDORD CORNERS NY 10549