

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005305

Entity Name: TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

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:

C T CORPORATION SYSTEM
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 PRESIDENT
Name OHL, JAMIE S
Address 1800 CALIFORNIA ST
 STE 3700
City-State-Zip: DENVER CO 80202

Title DIRECTOR
Name COOPER, WENDY
Address 245 EAST 93RD STREET
 APT. 30E
City-State-Zip: NEW YORK NY 10128

Title DIRECTOR
Name KRONENBERG, ANNE
Address 187 GUARD HILL ROAD
City-State-Zip: BEDORD CORNERS NY 10549

Title DIRECTOR
Name YUSON, JUNE
Address 245 EAST 93RD STREET
 APT. 10G
City-State-Zip: NEW YORK NY 10128

Title DIRECTOR
Name HARRIS, ZACHARY
Address 6400 C STREET SW
City-State-Zip: CEDAR RAPIDS IA 52499

Title DIRECTOR
Name FLEMING, CHRISTOPHER
Address 6400 C STREET SW
City-State-Zip: CEDAR RAPIDS IA 52499

Title TREASURER
Name KEPPLER, MATTHEW
Address 6400 C STREET SW
City-State-Zip: CEDAR RAPIDS IA 52499

Title DIRECTOR
Name GERST, BONNIE
Address 6400 C STREET SW
City-State-Zip: CEDAR RAPIDS IA 52499

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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: DANIEL GOODMAN

SECRETARY

04/18/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WILLIAMS, ANDREW
Address 1201 WILLS ST
 STE 800
City-State-Zip: BALTIMORE MD 21231

Title SECRETARY
Name MILLER-BREETZ, GREGORY E
Address 1201 WILLS STREET
 STE 800
City-State-Zip: BALTIMORE MD 21231

Title DEPUTY SECRETARY
Name GOODMAN, DANIEL
Address 1201 WILLS STREET
 STE 800
City-State-Zip: BALTIMORE MD 21231