

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11582

FILED
Mar 07, 2016
Secretary of State
CC1591843806

Entity Name: TRANSAMERICA ADVISORS LIFE INSURANCE COMPANY

Current Principal Place of Business:

4333 EDGEWOOD ROAD NE
CEDAR RAPIDS, IA 52499

Current Mailing Address:

4333 EDGEWOOD ROAD NE
CEDAR RAPIDS, IA 52499

FEI Number: 91-1325756

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 DP
Name BOSTWICK, BLAKE S
Address 4600 SOUTH SYRACUSE STREET
SUITE 1100
City-State-Zip: DENVER CO 80327

Title DIRECTOR
Name KATWIJK, C MICHIEL VAN
Address 100 LIGHT STREET
FLOOR B1
City-State-Zip: BALTIMORE MD 21202

Title TREASURER
Name HOPEWELL, DAVID W
Address 4333 EDGEWOOD ROAD NE
City-State-Zip: CEDAR RAPIDS IA 52499

Title SECRETARY, DIRECTOR
Name ORLANDI, JAY
Address 4333 EDGEWOOD ROAD NE
City-State-Zip: CEDAR RAPIDS IA 52499

Title DIRECTOR
Name SCHULZ, DAVID
Address 4333 EDGEWOOD ROAD NE
City-State-Zip: CEDAR RAPIDS IA 52499

Title DIRECTOR
Name SCHULZE, KATHERINE A
Address 100 LIGHT STREET
FLOOR B1
City-State-Zip: BALTIMORE MD 21202

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

03/07/2016

Electronic Signature of Signing Officer/Director Detail

Date