

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11582

**Entity Name:** TRANSAMERICA ADVISORS LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

6400 C ST SW  
CEDAR RAPIDS, IA 52499

**Current Mailing Address:**

6400 C ST SW  
CEDAR RAPIDS, IA 52499 US

**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 DIRECTOR, TREASURER  
Name KATWIJK, C MICHIEL VAN  
Address 1201 WILLS ST  
STE 800  
City-State-Zip: BALTIMORE MD 21231

Title SR VICE PRESIDENT  
Name HOPEWELL, DAVID W  
Address 6400 C ST SW  
City-State-Zip: CEDAR RAPIDS IA 52499

Title SECRETARY  
Name MILLER-BREETZ, GREGORY E  
Address 6400 C ST SW  
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:** GREGORY E MILLER-BREETZ

SECRETARY

04/26/2023

Electronic Signature of Signing Officer/Director Detail

Date