

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11582

**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 1801 CALIFORNIA ST  
City-State-Zip: DENVER CO 80202

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

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

Title SECRETARY  
Name MILLER-BREITZ, GREG  
Address 4333 EDGEWOOD ROAD NE  
MS 3550  
City-State-Zip: CEDAR RAPIDS IA 52499

Title DIRECTOR, SR VICE PRESIDENT  
Name SCHULZ, DAVID  
Address 4333 EDGEWOOD ROAD NE  
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 MILLER-BREITZ

**SECRETARY**

**04/26/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date