

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11582

FILED
Apr 09, 2012
Secretary of State

Entity Name: TRANSAMERICA ADVISORS LIFE INSURANCE COMPANY

Current Principal Place of Business:

4333 EDGEWOOD ROAD NE
CEDAR RAPIDS, IA 52499

New Principal Place of Business:

Current Mailing Address:

4333 EDGEWOOD ROAD NE
CEDAR RAPIDS, IA 52499

New Mailing Address:

FEI Number: 91-1325756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP
Name: SWANK, THOMAS A
Address: 4333 EDGEWOOD ROAD NE
City-St-Zip: CEDAR RAPIDS, IA 52499

Title: DVP
Name: MALLETT, JOHN T
Address: 4333 EDGEWOOD ROAD NE
City-St-Zip: CEDAR RAPIDS, IA 52499

Title: DS
Name: SMITH, DARIN D
Address: 4333 EDGEWOOD ROAD NE
City-St-Zip: CEDAR RAPIDS, IA 52499

Title: DT
Name: MARTIN, ERIC J
Address: 4333 EDGEWOOD ROAD NE
City-St-Zip: CEDAR RAPIDS, IA 52499

Title: CNSL
Name: VERMIE, CRAIG D
Address: 4333 EDGEWOOD ROAD NE
City-St-Zip: CEDAR RAPIDS, IA 52499

Title: DSVP
Name: FREDERICK, ROBERT R
Address: 4333 EDGEWOOD ROAD NE
City-St-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: CRAIG D. VERMIE

CNSL

04/09/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date