

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 816091

**FILED**  
**Mar 19, 2015**  
**Secretary of State**  
**CC9384443544**

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

**Current Principal Place of Business:**

4333 EDGEWOOD ROAD NE  
ATTN: STEPHANIE HUFFORD  
CEDAR RAPIDS, IA 52499

**Current Mailing Address:**

4333 EDGEWOOD ROAD NE  
ATTN: STEPHANIE HUFFORD  
CEDAR RAPIDS, IA 52499 US

**FEI Number:** 52-0419790

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
1200 SOUTH PINE ISLAND ROAD  
PLANATATION, 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 D  
Name HAM, SCOTT W  
Address 4333 EDGEWOOD ROAD NE  
City-State-Zip: CEDAR RAPIDS IA 52499

Title D  
Name MULLIN, MARK W  
Address 4333 EDGEWOOD RD. NE  
City-State-Zip: CEDAR RAPIDS IA 52499

Title DPCE  
Name CLANCY, BRENDA K  
Address 4333 EDGEWOOD ROAD NE  
City-State-Zip: CEDAR RAPIDS IA 52499

Title DSVP  
Name ORLANDI, JAY  
Address 4333 EDGEWOOD RD. NE  
City-State-Zip: CEDAR RAPIDS IA 52499

Title SVP  
Name BOYER, H STACEY  
Address 100 LIGHT STREET, FLOOR B1  
City-State-Zip: BALTIMORE MD 21202

Title TREASURER, DIRECTOR  
Name KATWIJK, C. MICHEL VAN  
Address 100 LIGHT STREET FLB1  
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

**SENIOR VICE PRESIDENT 03/19/2015**

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

\_\_\_\_\_  
Date