

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 816091

**Entity Name:** TRANSAMERICA PREMIER 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: 52-0419790**

**Certificate of Status Desired: No**

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

CHIEF FINANCIAL OFFICER  
PO BOX 6200 (32314-6200)  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 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            SECRETARY  
Name            MILLER-BREETZ, GREGORY E  
Address        1201 WILLS ST  
                  STE 800  
City-State-Zip: BALTIMORE MD 21231

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

*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**

**04/27/2023**

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

\_\_\_\_\_  
Date