

**2024 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:** 39-0989781

**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

**FILED**  
**Apr 22, 2024**  
**Secretary of State**  
**7179259336CC**

*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 DIRECTOR  
Name FLEMING, CHRISTOPHER  
Address 1201 WILLS STREET  
STE 800  
City-State-Zip: BALTIMORE MD 21231

Title DIRECTOR, CHAIRMAN  
Name GERST, BONNIE  
Address 6400 C STREET SW  
City-State-Zip: CEDAR RAPIDS IA 52499

Title DIRECTOR  
Name GIOVANNI, CHRISTOPHER  
Address 6400 C STREET SW  
City-State-Zip: CEDAR RAPIDS IA 52499

Title DIRECTOR  
Name HARRIS, ZACHARY  
Address 6400 C STREET SW  
City-State-Zip: CEDAR RAPIDS IA 52499

Title DIRECTOR, PRESIDENT  
Name OHL, JAMIE  
Address 1801 CALIFORNIA ST  
STE 3700  
City-State-Zip: DENVER CO 80202

Title DIRECTOR, GENERAL COUNSEL  
Name WILLIAMS, ANDREW S.  
Address 1201 WILLS STREET  
STE 800  
City-State-Zip: BALTIMORE MD 21231

Title TREASURER, CFO  
Name KEPPLER, MATTHEW  
Address 6400 C STREET 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**

**04/22/2024**

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

\_\_\_\_\_  
Date