

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 816091

FILED
Jan 25, 2016
Secretary of State
CC6803252668

Entity Name: TRANSAMERICA PREMIER LIFE INSURANCE COMPANY

Current Principal Place of Business:

4333 EDGEWOOD ROAD NE
ATTN: CHANDA HAUSCHILDT
CEDAR RAPIDS, IA 52499

Current Mailing Address:

4333 EDGEWOOD ROAD NE
ATTN: CHANDA HAUSCHILDT
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 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 DIRECTOR, VP
Name KONTZ, ROBERT J
Address 4333 EDGEWOOD RD NE
City-State-Zip: CEDAR RAPIDS IA 52499

Title TREASURER, DIRECTOR
Name KATWIJK, C. MICHIEL VAN
Address 100 LIGHT STREET FLB1
City-State-Zip: BALTIMORE MD 21202

Title DIRECTOR
Name SCHULZ, DAVID
Address 4333 EDGEWOOD RD 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: JAY ORLANDI

SENIOR VICE PRESIDENT 01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date