

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11582

Entity Name: TRANSAMERICA ADVISORS LIFE INSURANCE COMPANY**Current Principal Place of Business:**4333 EDGEWOOD ROAD NE
CEDAR RAPIDS, IA 52499**Current Mailing Address:**4333 EDGEWOOD ROAD NE
CEDAR RAPIDS, IA 52499**FEI Number:** 91-1325756**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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 DP
Name SWANK, THOMAS A
Address 4333 EDGEWOOD ROAD NE
City-State-Zip: CEDAR RAPIDS IA 52499

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

Title D & ASSISTANT SEC
Name SMITH, DARIN D
Address 4333 EDGEWOOD ROAD NE
City-State-Zip: CEDAR RAPIDS IA 52499

Title D, T & VP
Name MARTIN, ERIC J
Address 4333 EDGEWOOD ROAD NE
City-State-Zip: CEDAR RAPIDS IA 52499

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

Title D & SVP
Name FREDERICK, ROBERT R
Address 4333 EDGEWOOD ROAD NE
City-State-Zip: CEDAR RAPIDS IA 52499

Title D, S & SVP
Name WIRTH, RICHARD
Address 4333 EDGEWOOD ROAD 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: CRAIG D VERMIE

CNSL

04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date