

2015 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
1200 SOUTH PINE ISLAND ROAD
PLANTATION, 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	DP
Name	HOCKING, ALICE
Address	440 MAMARONECK AVENUE
City-State-Zip:	HARRISON NY 10528

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

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

Title	CNSL
Name	ORLANDI, JAY
Address	4333 EDGEWOOD ROAD NE
City-State-Zip:	CEDAR RAPIDS IA 52499

Title	DIRECTOR, ASST. SECRETARY
Name	CAHN, MARC
Address	440 MAMARONECK AVENUE
City-State-Zip:	HARRISON NY 10528

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**COUNSEL****03/19/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date