

1.) CORPORATION NAME:

Transamerica Financial Life Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
NY

DUE DATE: **12/30/2010**

SCC ID NO: **F0117293**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	16,466
PREFER	44,175

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 440 MAMARONECK AVENUE

CITY/ST/ZIP: HARRISON, NY 10528-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: PETER G. KUNKEL
TITLE: P/COB
ADDRESS: 4 MANHATTANVILLE ROAD
CITY/ST/ZIP/CO: PURCHASE, NY 10577-

OFFICER

DIRECTOR

NAME: BRENDA K CLANCY
TITLE: EXEC VP
ADDRESS: 4333 EDGEWOOD ROAD NE
CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52499-

OFFICER

DIRECTOR

NAME: ERIC B GOODMAN
TITLE: SR VP
ADDRESS: 400 WEST MARKET STREET
CITY/ST/ZIP/CO: LOUISVILLE, KY 40202-

OFFICER

DIRECTOR

NAME: CRAIG D VERMIE
TITLE: S/CORP COUNSEL
ADDRESS: 4333 EDGEWOOD ROAD NE
CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52499-

OFFICER

DIRECTOR

NAME: M. CRAIG FOWLER
TITLE: TREASURER
ADDRESS: 400 WEST MARKET STREET
CITY/ST/ZIP/CO: LOUISVILLE, KY 40202-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ CRAIG D VERMIE</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>CRAIG D VERMIE, S/CORP COUNSEL</u> PRINTED NAME AND CORPORATE TITLE	<u>11/4/2010</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.