

1.) CORPORATION NAME: Transamerica Financial Life Insurance Company	DUE DATE: 12/31/2012						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802	SCC ID NO: F0117293						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td>16,466</td> </tr> <tr> <td>PREFER</td> <td>44,175</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMMON	16,466	PREFER	44,175
CLASS	AUTHORIZED						
COMMON	16,466						
PREFER	44,175						
4.) STATE OR COUNTRY OF INCORPORATION: NY							

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 MANHATTENVILLE RD
CITY/ST/ZIP/CO: PURCHASE, NY 10577 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: BRENDA K CLANCY
TITLE: EXEC VP
ADDRESS: 4333 EDGEWOOD ROAD NE
CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52499 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME: JAMES A BEARDSWORTH
TITLE: SR VP
ADDRESS: 4333 EDGEWOOD RD NE
CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52499 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME: CRAIG D VERMIE
TITLE: S/CORP COUNSEL
ADDRESS: 4333 EDGEWOOD ROAD NE
CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52499 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME: KAREN R WRIGHT
TITLE: TREASURER
ADDRESS: 400 WEST MARKET STREET
CITY/ST/ZIP/CO: LOUISVILLE, KY 40202 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | 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.

/s/ CRAIG D VERMIE	CRAIG D VERMIE, S/CORP COUNSEL	11/28/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

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.