

1.) CORPORATION NAME: <b>Transamerica Life Insurance Company</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM          4701 COX ROAD, SUITE 285          GLEN ALLEN, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>IA</b>	DUE DATE: <b>1/31/2014</b> SCC ID NO: <b>F0314338</b> 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td>1,000,000</td> </tr> <tr> <td>PREFANV</td> <td>42,500</td> </tr> <tr> <td>PREFBNV</td> <td>250,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMMON	1,000,000	PREFANV	42,500	PREFBNV	250,000
CLASS	AUTHORIZED								
COMMON	1,000,000								
PREFANV	42,500								
PREFBNV	250,000								

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4333 EDGEWOOD ROAD, NE  
 CITY/ST/ZIP: CEDAR RAPIDS, IA 52499

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: BRENDA K CLANCY TITLE: PRESIDENT ADDRESS: 4333 EDGEWOOD RD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52499	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: ARTHUR C SCHNEIDER TITLE: SR VP/CTO ADDRESS: 4333 EDGEWOOD RD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52499	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: CRAIG D VERMIE TITLE: SR VP/SEC/GC ADDRESS: 4333 EDGEWOOD RD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52499	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: MARK W MULLIN TITLE: CHAIRMAN ADDRESS: 4333 EDGEWOOD RD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52499	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: C. MICHIEL VAN KATWIJK TITLE: CFO/SVP/TREAS ADDRESS: 100 LIGHT STREET CITY/ST/ZIP/CO: FLOOR B1 BALTIMORE, MD 21202	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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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, SR VP/SEC/GC	12/9/2013
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.