No. W 160069		Due no later than Dec 31, 2016			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	TRAN 440 I	1. Mailing Address: Correct in this box if needed. TRANSAMERICA RETIREMENT SOLUTIONS, LLC 440 MAMARONECK AVENUE HARRISON NY 10528						
NO FILING FEE IF RECEIVED BY DUE DATE	E							
4. Limited Liability Companies: E	nter Names and	Addresses of at least one Member or Manager.						
Office Held Nam	е	Street or PO Address		City	State	Country	Postal Code	
I MEMBER	NSAMERICA INV JRITIES CORP.	ESTORS 440 MAMARONECK AVENUE		HARRISON	NY	USA	10528	
5. Organized Under the Laws of	f: 6. Annu	6. Annual Report must be signed.*						
DE	Sign	Signature: Mandeline Hendricks			Date: 11/22/2016			
W 160069	Nam	Name (type or print): Mandeline Hendricks			Title: POA			
Processed 11/22/2016	* Electronically provided signatures are accepted as original signatures.							