No. <b>W 159554</b>		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				
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed.						
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Martin Martin Company Company Company	TRANSAMERICA RETIREMENT INSURANCE AGENCY, LLC 408 ST. PETER STREET SUITE 230						
	ST. PAUL MN	ST. PAUL MN 55102		3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter	Names and Address	es of at least one Member or Manager.						
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
	5. ECKMAN	408 ST. PETER STREET SUITE 230	ST. PAUL	MN	USA	55102		
MANAGER JAY HEW	ПТ	408 ST. PETER STREET SUITE 230	ST. PAUL	MN	USA	55102		
	1							
5. Organized Under the Laws of:	6. Annual Repor	6. Annual Report must be signed.*						
<b>DE</b> Signature:		indeline Hendricks Date: 11/18/2016						
W 159554	Name (type o	Name (type or print): Mandeline Hendricks			Title: POA			
Processed 11/18/2016	* Electronically p	* Electronically provided signatures are accepted as original signatures.						