

# State of Idaho

Office of the Secretary of State

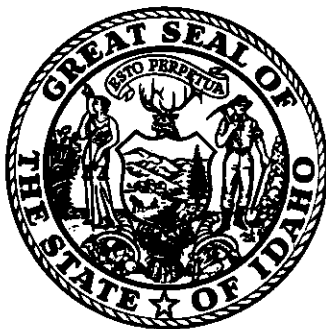
**CERTIFICATE OF AUTHORITY  
OF  
TRANSAMERICA RETIREMENT INSURANCE AGENCY, INC.**

File Number C 198723

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: June 10, 2013



*Ben Yursa*  
SECRETARY OF STATE

By *[Signature]*



# APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

2013 JUN 10 PM 1:57

SECRETARY OF STATE  
STATE OF IDAHO

The undersigned Corporation applies for a Certificate of Authority and states as follows:

1. The name of the corporation is:

Transamerica Retirement Insurance Agency, Inc.

2. The name which it shall use in Idaho is: \_\_\_\_\_

3. It is incorporated under the laws of: Delaware

4. Its date of incorporation is: 04/03/2013

5. The address of its principal office is:

408 St. Peter Street, St. Paul, MN 55102

6. The address to which correspondence should be addressed, if different from item 5, is:
- \_\_\_\_\_

7. The street address of its registered office in Idaho is: 921 S Orchard Street, Suite G, Boise, Idaho 83705

and its registered agent in Idaho at that address is: C T Corporation System

8. The names and respective business addresses of its directors and officers are:

Name	Title	Business Address
<u>SEE ATTACHMENT</u>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated: 5/31/2013

Signature: Alison Ryan

Typed Name: Alison Ryan

Capacity: Vice President

[The signer must be a director or an officer of the corporation.]

Customer Acct #:

(If using pre-paid account)

Secretary of State use only

g:\corporate\corp  
form\app\certificate\_of\_authority\_for\_profit.pmd  
Revised 08/2005

Web Form

IDAHO SECRETARY OF STATE  
06/10/2013 05:00  
CK: NONE CT: 270665 BH: 1377419  
1 @ 100.00 = 100.00 AUTH PRO # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

C198723

**ATTACHMENT**

<b><u>NAME</u></b>	<b><u>OFFICER/DIRECTOR</u></b>
<b>PHIL ECKMAN</b> 408 ST. PETER STREET, SUITE 230 ST. PAUL, MN 55102	<b>DIRECTOR/PRESIDENT</b>
<b>JAY HEWITT</b> 408 ST. PETER STREET, SUITE 230 ST. PAUL, MN 55102	<b>DIRECTOR/SENIOR VICE PRESIDENT</b>
<b>MARC CAHN</b> 440 MAMARONECK AVENUE HARRISON, NY 10528	<b>DIRECTOR/SECRETARY/SENIOR VICE PRESIDENT</b>
<b>PETER KUNKEL</b> 440 MAMARONECK AVENUE HARRISON, NY 10528	<b>SENIOR VICE PRESIDENT</b>
<b>JOE CARUSONE</b> 440 MAMARONECK AVENUE HARRISON, NY 10528	<b>TREASURER</b>
<b>ALISON RYAN</b> 1150 SOUTH OLIVE STREET LOS ANGELES, CA 90015	<b>ASSISTANT SECRETARY/ VICE PRESIDENT</b>
<b>ELIZABETH BELANGER</b> 440 MAMARONECK AVENUE HARRISON, NY 10528	<b>ASSISTANT SECRETARY/ VICE PRESIDENT</b>
<b>RICKY RESNIK</b> 440 MAMARONECK AVENUE HARRISON, NY 10528	<b>VICE PRESIDENT</b>

# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRANSAMERICA RETIREMENT INSURANCE AGENCY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF JUNE, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5313882 8300

130734657

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0481673

DATE: 06-04-13