

No. C 198723		Due no later than Jun 30, 2015		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. TRANSAMERICA RETIREMENT INSURANCE AGENCY, INC. 440 MAMARONECK AVENUE HARRISON NY 10528 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	PHILLIP ECKMAN	408 SAINT PETER ST., STE 230	SAINT PAUL	MN	USA	55102
SECRETARY	MARC CAHN	440 MAMARONECK AVENUE	HARRISON	NY	USA	10528
TREASURER	JOSEPH P. CARUSONE	440 MAMARONECK AVENUE	HARRISON	NY	USA	10528
DIRECTOR	JAY HEWITT	408 SAINT PETER ST., STE 230	SAINT PAUL	MN	USA	55102
DIRECTOR	PHILLIP ECKMAN	408 SAINT PETER ST., STE 230	SAINT PAUL	MN	USA	55102
DIRECTOR	MARC CAHN	440 MAMARONECK AVENUE	HARRISON	NY	USA	10528
5. Organized Under the Laws of: DE C 198723		6. Annual Report must be signed.* Signature: Mandeline Hendricks Name (type or print): Mandeline Hendricks		Date: 05/29/2015 Title: POA		
Processed 05/29/2015		* Electronically provided signatures are accepted as original signatures.				