

**F13000002500**

Florida Department of State  
Division of Corporations  
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**FOREIGN PROFIT/NONPROFIT CORPORATION  
TRANSAMERICA RETIREMENT INSURANCE AGENCY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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JUN 11 2013



**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

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SECRETARY OF STATE

1. Transamerica Retirement Insurance Agency, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 46-2720367

(FEI number, if applicable)

4. 04/03/2013

(Date of Incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 408 St. Peter Street, St. Paul, MN 55102

(Principal office address)

same

(Current mailing address)

8. The purpose of the corporation is to engage in any lawful act or activity and to conduct business as an Insurance Agency.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

CT Corporation System

By: Rebecca Barth

(Registered agent's signature)

Rebecca Barth, Asst. Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SEE ATTACHMENT

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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STATE OF FLORIDA  
ALLAH... ..

B. OFFICERS

President: SEE ATTACHMENT

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Alison Ryan  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Alison Ryan, Vice President

(Typed or printed name and capacity of person signing application)

ATTACHMENT

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FALLAHS

NAME

OFFICER/DIRECTOR

**PHIL ECKMAN**  
408 ST. PETER STREET, SUITE 230  
ST. PAUL, MN 55102

**DIRECTOR/PRESIDENT**

**JAY HEWITT**  
408 ST. PETER STREET, SUITE 230  
ST. PAUL, MN 55102

**DIRECTOR/SENIOR VICE PRESIDENT**

**MARC CAHN**  
440 MAMARONECK AVENUE  
HARRISON, NY 10528

**DIRECTOR/SECRETARY/SENIOR VICE  
PRESIDENT**

**PETER KUNKEL**  
440 MAMARONECK AVENUE  
HARRISON, NY 10528

**SENIOR VICE PRESIDENT**

**JOE CARUSONE**  
440 MAMARONECK AVENUE  
HARRISON, NY 10528

**TREASURER**

**ALISON RYAN**  
1150 SOUTH OLIVE STREET  
LOS ANGELES, CA 90015

**ASSISTANT SECRETARY/  
VICE PRESIDENT**

**ELIZABETH BELANGER**  
440 MAMARONECK AVENUE  
HARRISON, NY 10528

**ASSISTANT SECRETARY/  
VICE PRESIDENT**

**RICKY RESNIK**  
440 MAMARONECK AVENUE  
HARRISON, NY 10528

**VICE PRESIDENT**

# 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.

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SECRETARY OF STATE  
TALLMANSVILLE, DEL.

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



*Jeffrey W. Bullock*

Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0481673

DATE: 06-04-13