

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000002500

FILED
Mar 19, 2014
Secretary of State
CC2814404381

Entity Name: TRANSAMERICA RETIREMENT INSURANCE AGENCY, INC.

Current Principal Place of Business:

440 MAMARONECK AVENUE
HARRISON, NY 10528

Current Mailing Address:

440 MAMARONECK AVENUE
HARRISON, NY 10528 US

FEI Number: 46-2720367

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name ECKMAN, PHILLIP
Address 440 MAMARONECK AVENUE
City-State-Zip: HARRISON NY 10528

Title SECRETARY, DIRECTOR
Name CAHN, MARC
Address 440 MAMARONECK AVENUE
City-State-Zip: HARRISON NY 10528

Title TREASURER
Name CARUSONE, JOSEPH P.
Address 440 MAMARONECK AVENUE
City-State-Zip: HARRISON NY 10528

Title VP, ASST. SECRETARY
Name BELANGER, ELIZABETH
Address 440 MAMARONECK AVENUE
City-State-Zip: HARRISON NY 10528

Title ASST. SECRETARY
Name RYAN, ALISON
Address 440 MAMARONECK AVENUE
City-State-Zip: HARRISON NY 10528

Title DIRECTOR
Name HEWITT, JAY
Address 440 MAMARONECK AVENUE
City-State-Zip: HARRISON NY 10528

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALISON RYAN

ASST. SECRETARY

03/19/2014

Electronic Signature of Signing Officer/Director Detail

Date