

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000002500

**FILED**  
**Apr 11, 2015**  
**Secretary of State**  
**CC5384228228**

**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        408 SAINT PETER ST., STE 230  
City-State-Zip: SAINT PAUL MN 55102

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            ASST. SECRETARY  
Name            RYAN, ALISON  
Address        1150 SOUTH OLIVE STREET  
City-State-Zip: LOS ANGELES CA 90015

Title            DIRECTOR  
Name            HEWIT, JAY  
Address        408 SAINT PETER ST., STE 230  
City-State-Zip: SAINT PAUL MN 55102

*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**

**04/11/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date