

Filing and License Fee: \$310.00 minimum



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

- 1. The name of the corporation is Transamerica Retirement Solutions Corporation
2. It is incorporated under the laws of Delaware
3. The name, if different, which it elects to use in Rhode Island is:
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited" or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:
4. The date of its incorporation is 10/21/1992 and the period of its duration is Perpetual
5. The address of its principal office is 440 Mamaroneck Avenue, Harrison, NY 10528
6. The address of its proposed registered office in Rhode Island is 10 Weybosset Street
(Street Address, not P.O. Box)
Providence, RI 02903 and the name of its proposed registered agent in Rhode Island at
(City/Town) (Zip Code)
that address is C T Corporation System
(Name of Agent)
7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
Retirement Plan Administration Notwithstanding the foregoing, the purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized to do business under the laws of its jurisdiction of incorporation.
8. (a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

2013 JAN 14 PM 12:00

Table with 2 columns: Name, Address. Row 1: Director, SEE ATTACHMENT. Row 2: Director, blank. Row 3: Director, blank. Row 4: Director, blank.

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(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

	<u>Name</u>	<u>Address</u>
President	<u>SEE ATTACHMENT</u>	_____
Vice President	_____	_____
Treasurer	_____	_____
Secretary	_____	_____

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value or Statement that Shares are without Par Value</u>
<u>1,000</u>	<u>Common</u>	<u>No Series</u>	<u>\$1.0000</u>
_____	_____	_____	_____
_____	_____	_____	_____

10. (a) \$ 0 = An estimate of the value of all property to be owned by the corporation for the following year, wherever located.

(b) \$ 0 = An estimate of the value of the corporation's property to be located within Rhode Island during the following year.

(c) 0 % = An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. *{divide (b) by (a) and multiply by 100 to obtain the percentage}*

11. (a) \$ 0 = An estimate of the gross amount of business to be transacted by the corporation during the following year.

(b) \$ 0 = An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.

(c) 0 % = An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year. *{divide (b) by (a) and multiply by 100 to obtain the percentage}*

12. This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws of which it is incorporated.

13. This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing ATON upon filing

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 12/18/12

Alison Ryan  
Signature of Authorized Officer of the Corporation

Alison Ryan, Asst. Secretary  
Type or Print Name of Authorized Officer

**ATTACHMENT**

**NAME**

**OFFICER/DIRECTOR**

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

**DIRECTOR/CEO/PRESIDENT**

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

**DIRECTOR/SENIOR VICE PRESIDENT/  
SECRETARY**

**ALICE HOCKING**  
440 MAMARONECK AVENUE  
HARRISON, NY 10528

**DIRECTOR/SENIOR VICE PRESIDENT**

**STIG NYBO**  
4370 ALPINE ROAD  
SUITE 208  
PORTOLA VALLEY, CA 94028

**DIRECTOR/SENIOR VICE PRESIDENT**

**BETSY SUMMERS**  
440 MAMARONECK AVENUE  
HARRISON, NY 10528

**CHIEF FINANCIAL OFFICER/  
TREASURER**

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

**ASSISTANT SECRETARY/  
VICE PRESIDENT**

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

**ASSISTANT SECRETARY/  
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 THAT "TRANSAMERICA RETIREMENT SOLUTIONS CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-FIRST DAY OF OCTOBER, A.D. 1992, AT 10 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "PENVESTCO, INC." TO "DIVERSIFIED INVESTMENT ADVISORS, INC.", FILED THE TWENTY-FOURTH DAY OF NOVEMBER, A.D. 1992, AT 10 O'CLOCK A.M.

CERTIFICATE OF RENEWAL, FILED THE FOURTH DAY OF AUGUST, A.D. 1998, AT 11 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "DIVERSIFIED INVESTMENT ADVISORS, INC." TO "DIVERSIFIED RETIREMENT CORPORATION", FILED THE SIXTH DAY OF MAY, A.D. 2011, AT 10 O'CLOCK A.M.

CERTIFICATE OF MERGER, FILED THE TWELFTH DAY OF DECEMBER,

2313304 8310

121345463



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: 0075082

DATE: 12-17-12

# Delaware

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*The First State*

A.D. 2012, AT 7:11 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2012.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "DIVERSIFIED RETIREMENT CORPORATION" TO "TRANSAMERICA RETIREMENT SOLUTIONS CORPORATION", FILED THE FOURTEENTH DAY OF DECEMBER, A.D. 2012, AT 5:42 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "TRANSAMERICA RETIREMENT SOLUTIONS CORPORATION".

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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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, Secretary of State  
AUTHENTICATION: 0075082

DATE: 12-17-12

# 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 SOLUTIONS CORPORATION" 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 SECOND DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

2313304 8300

130006654



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: 0111862

DATE: 01-02-13



# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly  
executed in accordance with the provisions of Title 7 of the General Laws  
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

*Secretary of State*

