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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

STAMP

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2021 FEB 22 P 12:20
R.I. DEPT. OF STATE
BUS. SVCS. DIV.

FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number	2. Exact name of the Corporation			
000485241	Transamerica Agency Network, Inc.			
3. Principal Office Address	City	State	Zip	
4333 Edgewood Road NE	Cedar Rapids	IA	52499	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
524210	Special purpose agency			
5. State of Incorporation				
Iowa				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Wade Hampton			Vice-President Name: David Schulz		
Street Address: 100 Light Street FL B1			Street Address: 6400 C Street SW		
City: Baltimore	State: MD	Zip: 21202	City: Cedar Rapids	State: IA	Zip: 52404
Secretary Name: Gregory E. Miller-Breetz			Treasurer Name: Chris Foster		
Street Address: 100 Light Street FL B1			Street Address: 4333 Edgewood Road NE		
City: Baltimore	State: MD	Zip: 21202	City: Cedar Rapids	State: IA	Zip: 52499

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Wade Hampton			Director Name: John Davidson		
Street Address: 100 Light Street FL B1			Street Address: 100 Light Street FL B1		
City: Baltimore	State: MD	Zip: 21202	City: Baltimore	State: MD	Zip: 21202
Director Name: Mark Buchinsky			Director Name:		
Street Address: 100 Light Street FL B1			Street Address:		
City: Baltimore	State: MD	Zip: 21202	City:	State:	Zip:

9. Shares Authorized: 100,000

10. Shares Issued: 1,000 — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	common	NPV

11 This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
Gregory E. Miller-Breetz	2/11/2021

Signature of Authorized Representative: DocuSigned by: Gregory E. Miller-Breetz

FILED

FEB 22 2021

BY YC92P

12:23

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020