



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2019

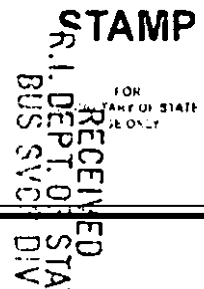
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

2021 FEB 22



1. Entity ID Number 000485241		2. Exact name of the Corporation Transamerica Agency Network, Inc.												
3. Principal Office Address 4333 Edgewood Road NE			City Cedar Rapids	State IA	Zip 52499									
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island 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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>common</td> <td>NPV</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	common	NPV			
		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 Gregory E. Miller-Breetz				Date 2/11/2021										
Signature of Authorized Representative DocuSigned by Gregory E. Miller-Breetz				FILED										

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

FEB 22 2021

BY *4 YC92P*
 FORM 630 - Revised: 08/2020

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