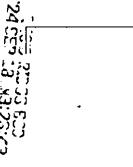


## **Application for Registration**

FOREIGN Limited Liability Company

-> Filing Fee: \$150.00



Yes

No X

Pursuant to the provisions of RIGL <u>7-16-49</u>, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

Transamerica Agency Network, LLC

Is this company organized in its state or country of formation as a low-profit limited liability company?

The name, if different, under which it proposes to register and transact business in Rhode Island is:

2. The LLC is organized under the laws of: Iowa

3. The date of its organization is: 10/18/2006

And the period of its duration is: CHECK ONE BOX ONLY

Perpetual (on-going)

Date certain for dissolution

4. The name and address of the resident agent/office in Rhode Island is:

Agent Name CT CORPORATION SYSTEM

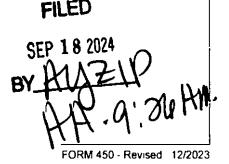
Street Address (NOT a P.O. Box) 450 VETERANS MEMORIAL PARKWAY, SUITE 7A

City/Town EAST PROVIDENCE State RHODE ISLAND Zip Code 02914

5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Insurance Sales

Check the box to indicate an attachment

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



6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.		
7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:		
6400 C ST SW, CEDAR RAPIDS, IA, 52499		
8. The mailing address for the limited liability company is:		
6400 C ST SW, CEDAR RAPIDS, IA, 52499		
9. Management of the Limited Liability Company: CHECK ONE BOX ONLY		
Members (Owners) OR Manager(s). Complete the chart below.		
	MANAGER(S) NAME	ADDRESS
	Mark Buchinsky	6400 C Street SW, Cedar Rapids, IA 52499
	John Davidson	6400 C Street SW, Cedar Rapids, IA 52499
	Wade Hampton	6400 C Street SW, Cedar Rapids, IA 52499
Check the box to indicate an attachment		
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.		
11. Date when this application for Certificate of Registration will be effective: CHECK ONE BOX ONLY		
Date received (Upon filing)		
Later effective date (Date must be no more than 90 days from the date of filing)		
Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.		
Type or Print Name of LLC		Date
Daniel Goodman		September 12, 2024
Signature of Authorized Person		
Sha And		

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## IOWA SECRETARY OF STATE PAUL D. PATE



CERTIFICATE OF EXISTENCE

Issue Date: 9/11/2024

Name: TRANSAMERICA AGENCY NETWORK, LLC (489DLC - 335351) Date of Formation: 10/18/2006 Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly formed under the laws of Iowa. A certificate of organization has been filed and has taken effect.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- c. The Secretary of State has not filed either a statement of dissolution or statement of termination. The records of the Secretary of State do not otherwise reflect that the limited liability company has been dissolved or terminated.
- f. A proceeding is not pending under section 489.705

Certificate ID: CS293028

To validate certificates visit: sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

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:

September 18, 2024 09:26 AM

Treng M. Course

Gregg M. Amore Secretary of State

