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|---|---|-------|------------|--------|-------|
| 1.) CORPORATION NAME:<br><b>Transamerica Investors Securities Corporation</b><br>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>C T CORPORATION SYSTEM<br/>         4701 COX ROAD, SUITE 285<br/>         GLEN ALLEN, VA</b><br>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO COUNTY</b><br>4.) STATE OR COUNTRY OF INCORPORATION:<br><b>DE</b> | DUE DATE: <b>4/30/2015</b><br>SCC ID NO: <b>F1925066</b><br>5.) STOCK INFORMATION<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 1,000 |
| CLASS   | AUTHORIZED  |       |            |        |       |
| COMMON  | 1,000   |       |            |        |       |

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| 6.) PRINCIPAL OFFICE ADDRESS:<br>ADDRESS: 440 MAMARONECK AVENUE<br>CITY/ST/ZIP: HARRISON, NY 10528 |
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

|   |                                     |         |                                     |          |
|---|-------------------------------------|---------|-------------------------------------|----------|
| NAME: JOSEPH P. CARUSONE<br>TITLE: PRES/TREASURER<br>ADDRESS: 440 MAMARONECK AVENUE<br>CITY/ST/ZIP/CO: HARRISON, NY 10528 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: QUEDEL PRINCIPAL<br>TITLE: VICE PRESIDENT<br>ADDRESS: 440 MAMARONECK AVENUE<br>CITY/ST/ZIP/CO: HARRISON, NY 10528   | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: RICK RESNIK<br>TITLE: VICE PRESIDENT<br>ADDRESS: 440 MAMARONECK AVENUE<br>CITY/ST/ZIP/CO: HARRISON, NY 10528        | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: MARC CAHN<br>TITLE: VP/SECRETARY<br>ADDRESS: 440 MAMARONECK AVENUE<br>CITY/ST/ZIP/CO: HARRISON, NY 10528            | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/>            | DIRECTOR |
| NAME: ALISON RYAN<br>TITLE: ASST SECRETARY<br>ADDRESS: 440 MAMARONECK AVENUE<br>CITY/ST/ZIP/CO: HARRISON, NY 10528        | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/>            | DIRECTOR |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

|   |                                  |          |
|---|----------------------------------|----------|
| /s/ ALISON RYAN                                     | ALISON RYAN, ASST SECRETARY      | 4/5/2015 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE     |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.