

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90015 009 ***150.00

DOCUMENT # F00000002376

1. Entity Name

METLIFE AUTO & HOME INSURANCE AGENCY, INC.

Principal Place of Business

**700 QUAKER LANE
 WARWICK RI 02886-6669**

Mailing Address

**700 QUAKER LANE
 WARWICK RI 02886-6669**

2. Principal Place of Business
700 Quaker Lane

3. Mailing Address
700 Quaker Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Warwick, RI

City & State
Warwick, RI

4. FEI Number

95-3003951

Applied For

Not Applicable

Zip
02886-6669

Country
USA

Zip
02886-6669

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDO REIN, CATHERINE A 5 RIVER FARMS DRIVE WEST WARWICK RI 02893	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDO BERNSTEIN, RICHARD W 700 QUAKER LANE WARWICK RI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARVEY, ROBERT W 4 INTREPID LANE JAMESTOWN RI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAUNER, LELAND C 41 WELSH LANE HARDING NJ	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV LAGER, PATRICIA J 161 WOODLAND TRAIL WAKEFIELD RI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV LOMBARDO, JOHN S 105 MOLLIE DRIVE CRANSTON RI	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

**T
 Anthony J. Williamson
 One Madison Avenue
 New York, NY 10010**

**Michael D. Davidson
 700 Quaker Lane
 Warwick, RI 02886-6669**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert W. Harvey* **Robert W. Harvey**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/02

(401) 827-2563

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

Doc. # F00000002376

METLIFE AUTO & HOME INSURANCE AGENCY, INC.

OFFICERS

NAME	TITLE	SOCIAL SECURITY NUMBER	BUSINESS
Catherine A. Rein	President and CEO	168-34-9815	700 Quaker Lane Warwick, RI 02886
Richard W. Berstein	Vice President, General Counsel and Secretary	038-34-3322	700 Quaker Lane Warwick, RI 02886
Anthony J. Williamson	Treasurer	050-40-4767	One Madison Avenue New York, NY 10010
Michael D. Davidson	Vice President	457-72-1874	700 Quaker Lane Warwick, RI 02886
Robert W. Harvey	Vice President and Controller	002-32-1055	700 Quaker Lane Warwick, RI 02886
Patricia J. Lager	Assistant Vice President	391-60-8073	211 Quaker Lane West Warwick, RI 02893
William D. Moore	Vice President	298-48-4196	700 Quaker Lane Warwick, RI 02886
Margaret A. Rody	Vice President	276-46-6676	700 Quaker Lane Warwick, RI 02886
John E. Rutecki	Vice President	011-42-1470	700 Quaker Lane Warwick, RI 02886
Maura C. Travers	Assistant Vice President & Assistant Secretary	035-40-7663	700 Quaker Lane Warwick, RI 02886
Michael C. Walsh	Vice President	122-46-9790	700 Quaker Lane Warwick, RI 02886

Attachment

Dr. # F0000002326

METLIFE AUTO & HOME INSURANCE AGENCY, INC.

DIRECTORS

NAME	TITLE	SOCIAL SECURITY NUMBER	BUSINESS ADDRESS
Catherine A. Rein	Chairman of the Board	168-34-9815	700 Quaker Lane Warwick, RI 02886
Richard W. Berstein	Director	038-34-3322	700 Quaker Lane Warwick, RI 02886
Michael D. Davidson	Director	457-72-1874	700 Quaker Lane Warwick, RI 02886
William D. Moore	Director	298-48-4196	700 Quaker Lane Warwick, RI 02886
Margaret A. Rody	Director	276-46-6676	700 Quaker Lane Warwick, RI 02886
John E. Rutecki	Director	011-42-1470	700 Quaker Lane Warwick, RI 02886
Michael C. Walsh	Director	122-46-9790	700 Quaker Lane Warwick, RI 02886