


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90351 001 \*\*\*150.00

<b>DOCUMENT # F00000002376</b>	
1. Entity Name <b>METLIFE AUTO &amp; HOME INSURANCE AGENCY, INC.</b>	

Principal Place of Business <b>700 QUAKER LANE WARWICK, RI 02886-6669</b>	Mailing Address <b>700 QUAKER LANE WARWICK, RI 02886-6669</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04272004	Chg-P	CR2E034 (10/03)
4. FEI Number <b>95-3003951</b>	Applied For <input type="checkbox"/> Not Applied	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. 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	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO TRAVERS, MAURA 700 QUAKER LANE WARWICK, RI 02886 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMSON, ANTHONY J 1 METLIFE PLAZA, 27-01 QUEENS PLAZA N LONG ISLAND CITY, NY 11101 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
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	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV DAVIDSON, MICHAEL D 700 QUAKER LANE WARWICK, RI 02886 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add

12. 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 10 or Block changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> 	<b>Robert W. Harvey</b>	<b>04/28/04</b>	<b>(401) 827-2563</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

Attachment

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**METLIFE AUTO & HOME INSURANCE AGENCY, INC.**

**OFFICERS**

NAME	TITLE	BUSINESS ADDRESS
Catherine A. Rein	President and CEO	700 Quaker Lane Warwick, RI 02886
Anthony J. Williamson	Treasurer	1 MetLife Plaza 27-01 Queens Plaza North Long Island City, NY 11101
Michael D. Davidson	Vice President	700 Quaker Lane Warwick, RI 02886
Robert W. Harvey	Vice President and Controller	700 Quaker Lane Warwick, RI 02886
James W. Koeger	Assistant Treasurer	700 Market Street St. Louis, MO 63101
Patricia J. Lager	Assistant Vice President	1600 Division Road West Warwick, RI 02893
William D. Moore	Vice President	501 Boylston Street Boston, MA 02116
Franklin C. Reid	Assistant Vice President	700 Quaker Lane Warwick, RI 02886
Margaret A. Rody	Vice President	700 Quaker Lane Warwick, RI 02886
John E. Rutecki	Vice President	700 Quaker Lane Warwick, RI 02886
Maura C. Travers	Assistant General Counsel & Secretary	700 Quaker Lane Warwick, RI 02886
Michael C. Walsh	Vice President	700 Quaker Lane Warwick, RI 02886
A. Kaiper Wilson	Vice President & General Counsel	700 Quaker Lane Warwick, RI 02886

01/01/04

Attachment

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**METLIFE AUTO & HOME INSURANCE AGENCY, INC.**

**DIRECTORS**

NAME	BUSINESS ADDRESS
Catherine A. Rein	700 Quaker Lane Warwick, RI 02886
Michael D. Davidson	700 Quaker Lane Warwick, RI 02886
William D. Moore	501 Boylston Street Boston, MA 02116
Margaret A. Rody	700 Quaker Lane Warwick, RI 02886
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