


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90325 043 \*\*\*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	Zip	Country

04252006 Chg-P CR2E034 (11/05)

4. FEI Number <b>95-3003951</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	
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7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDO REIN, CATHERINE A 5 RIVER FARMS DRIVE WEST WARWICK, RI 02893</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SO TRAVERS, MAURA 700 QUAKER LANE WARWICK, RI 02886</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HARVEY, ROBERT W 4 INTREPID LANE JAMESTOWN, RI</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TO WILLIAMSON, ANTHONY J 1 METLIFE PLAZA, 27-01 QUEENS PLAZA N LONG ISLAND CITY, NY 11101</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AV LAGER, PATRICIA J 161 WOODLAND TRAIL WAKEFIELD, RI</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD DAVIDSON, MICHAEL D 700 QUAKER LANE WARWICK, RI 02886</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDO MULLANEY, WILLIAM J. 700 QUAKER LANE WARWICK, RI 02886-6669</b> <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 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **ROBERT W. HARVEY** **04/25/06** **(401) 827-3039**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40071982  
#F00002002376

METLIFE AUTO & HOME INSURANCE AGENCY, INC.

OFFICERS

NAME	TITLE	BUSINESS ADDRESS
William J. Mullaney	President	700 Quaker Lane Warwick, RI 02886
Michael D. Davidson	Senior Vice President	700 Quaker Lane Warwick, RI 02886
Anthony J. Williamson	Treasurer	1 MetLife Plaza 27-01 Queens Plaza North Long Island City, NY 11101
Robert W. Harvey	Vice President and Controller	700 Quaker Lane Warwick, RI 02886
James W. Koeger	Assistant Treasurer	13045 Tesson Ferry Road St. Louis, MO 63128
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, Jr.	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

12/31/2005

ATTACHMENT

40071982

# F00000002376

METLIFE AUTO & HOME INSURANCE AGENCY, INC.

DIRECTORS

NAME	BUSINESS ADDRESS
William J. Mullaney Chairman of the Board	700 Quaker Lane Warwick, RI 02886
William D. Moore	501 Boylston Street Boston, MA 02116
Margaret A. Rody	700 Quaker Lane Warwick, RI 02886
John E. Rutecki, Jr.	700 Quaker Lane Warwick, RI 02886
Michael C. Walsh	700 Quaker Lane Warwick, RI 02886

03/01/2006

ATTACHMENT

P.O. Box 350, Warwick, Rhode Island 02887

40071982  
# F00000002376

**MetLife**® Auto & Home

April 25, 2006

Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

**Re: MetLife Auto & Home Insurance Agency, Inc.**

Dear Sir or Ms.:

Enclosed is the 2006 Profit Corporation Annual Report, Document #F00000002376 along with our check in the amount of \$150.00. Also enclosed is a listing of our Officers and Directors.

Very truly yours,



James J. DeAlmo, Director  
Financial Management and Reporting

JJD/pma

Enclosures