

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90192 013 \*\*\*150.00

**60033864**



04292008 Chg-P CR2E034 (12/06)

4. FEI Number **95-3003951** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

**DOCUMENT # F00000002376**

1. Entity Name  
**METLIFE AUTO & HOME INSURANCE AGENCY, INC.**



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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country <b>02886-6681</b>	Zip Country <b>02886-6681</b>

6. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, WILLIAM D 700 QUAKER LN WARWICK, RI 028866669 <input 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	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"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPONTAK, RALPH G 700 QUAKER LANE WARWICK, RI 028866669 <input 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	TO WILLIAMSON, ANTHONY J 1 METLIFE PLAZA, 27-01 QUEENS PLAZA N LONG ISLAND CITY, NY 11101 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO ERIC T. STEIGERWALT 1 METLIFE PLAZA, 27-01 QUEENS PLAZA NORTH LONG ISLAND CITY, NY 11101 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LONNEMAN, PAUL A 700 QUAKER LANE WARWICK, RI 028866669 <input 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	VD RODY, MARGARET A 700 QUAKER LANE WARWICK, RI 028866669 <input type="checkbox"/> Delete	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:** *Ralph G. Spontak* **Ralph G. Spontak** **04/29/08** **(401) 827-3039**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

6003386A

#F00000002376

METLIFE AUTO & HOME<sup>®</sup> INSURANCE AGENCY, INC.

**OFFICERS**

NAME	TITLE	BUSINESS ADDRESS
William D. Moore	President	700 Quaker Lane Warwick, RI 02886
Paul A. Lonnemann	Senior Vice President	700 Quaker Lane Warwick, RI 02886
Eric T. Steigerwalt	Treasurer	1 MetLife Plaza 27-01 Queens Plaza North Long Island City, NY 11101
James W. Koeger	Assistant Treasurer	13045 Tesson Ferry Road St. Louis, MO 63128
Franklin C. Reid	Assistant Vice President	700 Quaker Lane Warwick, RI 02886
Margaret A. Rody	Vice President	700 Quaker Lane Warwick, RI 02886
Ralph G. Spontak	Vice President & Controller	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

01/01/2008

ATTACHMENT  
60033864  
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**METLIFE AUTO & HOME® INSURANCE AGENCY, INC.**

**DIRECTORS**

NAME	BUSINESS ADDRESS
William D. Moore Chairman of the Board	700 Quaker Lane Warwick, RI 02886
Paul A. Lonnemann	700 Quaker Lane Warwick, RI 02886
Margaret A. Rody	700 Quaker Lane Warwick, RI 02886
Michael C. Walsh	700 Quaker Lane Warwick, RI 02886

01/01/2008