

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000003621

**Entity Name:** TIAA-CREF INSURANCE AGENCY, LLC**Current Principal Place of Business:**8500 ANDREW CARNEGIE BOULEVARD  
CHARLOTTE , NC 28262**Current Mailing Address:**8500 ANDREW CARNEGIE BLVD.  
CHARLOTTE , NC 28262 US**FEI Number:** 20-2904312**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGING MEMBER  
Name TIAA RFS, LLC  
Address 730 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10017

Title TREASURER  
Name GUTIERREZ, JORGE  
Address 730 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10017

Title ASST. SECRETARY  
Name PIERRE-MERRITT, MARJORIE  
Address 730 THIRD AVENUE  
MS:730/12/02 12TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title SECRETARY  
Name BENEDETTO, MARY CATHERINE  
Address 730 THIRD AVE  
City-State-Zip: NEW YORK NY 10017

Title ASSISTANT SECRETARY  
Name RAMOS, JANET  
Address 730 THIRD AVENUE  
MS: 730/12/02 12TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title VP  
Name TIBBS, SEAN  
Address 730 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10017

Title ASSISTANT SECRETARY  
Name COHEN, DONNA  
Address 730 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10017

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MARY CATHERINE BENEDETTO****SECRETARY****05/05/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date