

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003621

Entity Name: TIAA-CREF INSURANCE AGENCY, LLC**Current Principal Place of Business:**730 THIRD AVENUE
MS: 730/12/02
NEW YORK, NY 10017**Current Mailing Address:**730 THIRD AVENUE
MS: 730/12/02
NEW YORK, NY 10017 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	SECRETARY
Name	THOMAS, CHERITA
Address	730 THIRD AVE
City-State-Zip:	NEW YORK NY 10017

Title	MANAGER
Name	GRIESSER, WILLIAM G
Address	730 THIRD AVENUE
City-State-Zip:	NEW YORK NY 10017

Title	AUTHORIZED REPRESENTATIVE
Name	ACOSTA, JANET
Address	730 THIRD AVENUE
City-State-Zip:	NEW YORK NY 10017

Title	AUTHORIZED REPRESENTATIVE
Name	MAYNARD, STEVEN
Address	730 THIRD AVENUE
City-State-Zip:	NEW YORK NY 10017

Title	AUTHORIZED REPRESENTATIVE
Name	HAMMERSMITH, SCOTT
Address	730 THIRD AVENUE
City-State-Zip:	NEW YORK NY 10017

Title	AUTHORIZED REPRESENTATIVE
Name	SHEPARD, STEVEN
Address	730 THIRD AVENUE
City-State-Zip:	NEW YORK NY 10017

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

Title	AUTHORIZED REPRESENTATIVE
Name	PIERRE-MERRITT, MARJORIE
Address	730 THIRD AVENUE
City-State-Zip:	NEW YORK NY 10017

Continues on page 2

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: CHERITA THOMAS**SECRETARY****05/01/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date

Authorized Person(s) Detail Continued :

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

Title AUTHORIZED REPRESENTATIVE
Name CIFELLI, NICHOLAS
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name JENKINS, JAMIN
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017