

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002376

Entity Name: METLIFE AUTO & HOME INSURANCE AGENCY, INC.

Current Principal Place of Business:

700 QUAKER LANE
WARWICK, RI 02886-6681

FILED
Apr 30, 2014
Secretary of State
CC7415737727

Current Mailing Address:

700 QUAKER LANE
FMR, AREA 3D
WARWICK, RI 02886-6681 US

FEI Number: 95-3003951

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name PONNAVOLU, KISHORE
Address 700 QUAKER LN
City-State-Zip: WARWICK RI 02886-6681

Title SECRETARY
Name TRAVERS, MAURA C
Address 700 QUAKER LANE
City-State-Zip: WARWICK RI 02886-6681

Title VP, DIRECTOR, CFO
Name SPONTAK, RALPH G
Address 700 QUAKER LANE
City-State-Zip: WARWICK RI 02886-6681

Title TREASURER
Name DEBEL, MARLENE B
Address 1095 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10036

Title SVP
Name WALSH, MICHAEL C
Address 700 QUAKER LANE
City-State-Zip: WARWICK RI 02886-6681

Title VP
Name NOSTRAMO, ROBERT F
Address 700 QUAKER LANE
City-State-Zip: WARWICK RI 02886-6681

Title VP
Name TOLENTINO, INGRID E
Address 700 QUAKER LANE
City-State-Zip: WARWICK RI 02886-6681

Title DIRECTOR
Name GAVIN, PAUL E
Address 700 QUAKER LANE
City-State-Zip: WARWICK RI 02886-6681

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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 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 above, or on an attachment with all other like empowered.

SIGNATURE: RALPH G. SPONTAK

VICE PRESIDENT & CFO 04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name NOLAND, MICK L
Address 700 QUAKER LANE
City-State-Zip: WARWICK RI 02886-6681