


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90026 028 \*\*\*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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number <b>95-3003951</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</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	PDO MULLANEY, WILLIAM J 700 QUAKER LN WARWICK RI 02886-6669 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDO WILLIAM D. MOORE 700 QUAKER LANE WARWICK, RI 02886-6669 <input type="checkbox"/> Change <input checked="" 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 HARVEY, ROBERT W 4 INTREPID LANE JAMESTOWN RI <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RALPH G. SPONTAK 700 QUAKER LANE WARWICK, RI 02886-6669 <input type="checkbox"/> Change <input checked="" 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 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	AV LAGER, PATRICIA J 161 WOODLAND TRAIL WAKEFIELD RI <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PAUL A. LONNEMANN 700 QUAKER LANE WARWICK, RI 02886-6669 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DAVIDSON, MICHAEL D 700 QUAKER LANE WARWICK RI 02886 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MARGARET A. RODY 700 QUAKER LANE WARWICK, RI 02886-6669 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

04/25/07

(401) 827-3039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT  
40110223  
#F00000001376  
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
Anthony J. Williamson	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

01/17/2007

ATTACHMENT  
40110223  
~~#F00000002376~~  
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

01/17/2007