2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# M05000003621

Entity Name: TIAA-CREF INSURANCE AGENCY, LLC

Current Principal Place of Business:

730 THIRD AVENUE 14TH FLOOR
NEW YORK, NY 10017

New Principal Place of Business:

Current Mailing Address:

730 THIRD AVENUE 14TH FLOOR
NEW YORK, NY 10017

New Mailing Address:

FEI Number: 20-2904312 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BENHAM, BRET L
Address: 730 THIRD AVENUE 14TH FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: MGR ( ) Delete
Name: BEARNS, MARY
Address: 730 THIRD AVENUE 14TH FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: MGR ( ) Delete
Name: SMITH, GREGORY E
Address: 730 THIRD AVENUE 14TH FLOOR
City-St-Zip: NEW YORK, NY 10017

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: BEAMS, MARY
Address: 730 THIRD AVENUE 14TH FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ANNE MEYER POA 04/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date