2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2011
Secretary of State

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Entity Name: CITIGROUP LIFE AGENCY LLC

Current Principal Place of Business:

700 RED BROOK BLVD, STE 300
OWINGS MILLS, MD 21117

New Principal Place of Business:

ONE COURT SQUARE
39TH FL
LONG ISLAND CITY, NY 11120

Current Mailing Address:

PO BOX 30509
TAMPA, FL 33631

New Mailing Address:

P.O. BOX 30509
TAMPA, FL 33631

FEI Number: 26-4399785 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: P/M
Name: WILLIAMS, TIMOTHY D
Address: 787 SEVENTH AVENUE
City-St-Zip: NEW YORK, NY 10019

Title: S/M
Name: SHEVLIN, DIANE E
Address: 1 COURT SQUARE
City-St-Zip: LONG ISLAND CITY, NY 11120

Title: MGR
Name: BAUMGARTNER, JOHN E
Address: 2 COURT SQUARE
City-St-Zip: LONG ISLAND CITY, NY 11120

Title: T
Name: MALLETT, JOHN
Address: 1 COURT SQUARE
City-St-Zip: LONG ISLAND CITY, NY 11120

Title: AS
Name: HOFFMAN, LISA A
Address: 3800 CITIGROUP CENTER DR
City-St-Zip: TAMPA, FL 33610

I hereby 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 Statues.

SIGNATURE: LISA A HOFFMAN AS 04/04/2011

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