

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000000929

FILED  
Mar 22, 2012  
Secretary of State

Entity Name: CITIGROUP LIFE AGENCY LLC

## Current Principal Place of Business:

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

## New Principal Place of Business:

700 RED BROOK BLVD  
OWINGS MILLS, MD 21117

## Current Mailing Address:

P.O. BOX 30509  
TAMPA, FL 33631

## New Mailing Address:

P.O. BOX 30509  
ATTN: TAX & REPORTING  
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 Statutes.

SIGNATURE: LISA A HOFFMAN

AS

03/22/2012

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