

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000000074

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** METLIFE AFFILIATED INSURANCE AGENCY LLC

**Current Principal Place of Business:**

501 US HIGHWAY 22  
BRIDGEWATER, NJ 08807

**New Principal Place of Business:**

**Current Mailing Address:**

501 US HIGHWAY 22  
BRIDGEWATER, NJ 08807

**New Mailing Address:**

1095 AVENUE OF THE AMERICAS  
TAX DEPARTMENT - MSC-15017  
NEW YORK, NY 10036

**FEI Number:** 27-0858844

**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:** VP  
**Name:** ZDEB, JOSEPH A  
**Address:** 1095 AVENUE OF THE AMERICAS  
**City-St-Zip:** NEW YORK, NY 10036

**Title:** MGR  
**Name:** CAPODANNO, JAMES  
**Address:** 501 US HIGHWAY 22  
**City-St-Zip:** BRIDGEWATER, NJ 08807

**Title:** MGR  
**Name:** DAVIS, JAMES  
**Address:** 501 US HIGHWAY 22  
**City-St-Zip:** BRIDGEWATER, NJ 08807

**Title:** MGR  
**Name:** GAYLE, RODNEY  
**Address:** 501 US HIGHWAY 22  
**City-St-Zip:** BRIDGEWATER, NJ 08807

**Title:** VP  
**Name:** KOEGER, JAMES W  
**Address:** 13045 TESSON FERRY ROAD  
**City-St-Zip:** ST. LOUIS, MO 63128

**Title:** S  
**Name:** CURLEY, CHRISTOPHER  
**Address:** 501 ROUTE 22  
**City-St-Zip:** BRIDGEWATER, NJ 08807

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:** JOSEPH A. ZDEB

VP

04/13/2011

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