2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 03, 2020
Secretary of State
9320221384CC

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Entity Name: BRIGHTHOUSE SECURITIES, LLC

Current Principal Place of Business:

11225 N COMMUNITY HOUSE ROAD
CHARLOTTE, NC 28277

Current Mailing Address:

11225 N COMMUNITY HOUSE ROAD
CHARLOTTE, NC 28277 US

FEI Number: 13-2862391

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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: LESLIE MARTIN 06/03/2020

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGER
Name	LAMBERT, MYLES
Address	11225 N COMMUNITY HOUSE ROAD
City-State-Zip:	CHARLOTTE NC 28277

Title	MANAGER
Name	NIGRO, GERARD
Address	11225 N COMMUNITY HOUSE ROAD
City-State-Zip:	CHARLOTTE NC 28277

Title	MANAGER
Name	COX, MELISSA
Address	11225 N COMMUNITY HOUSE ROAD
City-State-Zip:	CHARLOTTE NC 28277

Title	SECRETARY, VP
Name	ARRINGTON, D. BURT
Address	11225 N COMMUNITY HOUSE ROAD
City-State-Zip:	CHARLOTTE NC 28277

Title	MANAGER
Name	BEAULIEU, PHILLLIP
Address	11225 N COMMUNITY HOUSE ROAD
City-State-Zip:	CHARLOTTE NC 28277

Title	ASST. SECRETARY
Name	FORREST, ANNA-MARIE
Address	11225 N COMMUNITY HOUSE ROAD
City-State-Zip:	CHARLOTTE NC 28277

Title	MANAGER
Name	DAVIS, MICHAEL
Address	11225 N COMMUNITY HOUSE ROAD
City-State-Zip:	CHARLOTTE NC 28277

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: D. BURT ARRINGTON SECRETARY 06/03/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date