2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
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Entity Name: METLIFE ASSOCIATES LLC

Current Principal Place of Business:

C/O C T CORPORATION SYSTEM
1209 ORANGE STREET
WILMINGTON, DE 19801

Current Mailing Address:

13045 TESSON FERRY RD.
TAX DEPARTMENT B1-06
ST. LOUIS, MO 63128 US

FEI Number: 13-2862391

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	ASSISTANT TREASURER
Name	KOEGER, JAMES W
Address	13045 TESSON FERRY ROAD
City-State-Zip:	SAINT LOUIS MO 63128

Title	ASSISTANT VICE PRESIDENT, CONTROLLER AND ASSISTANT TREASURER
Name	ASHTON, STEVEN H.
Address	501 ROUTE 22
City-State-Zip:	BRIDGEWATER NJ 08807

Title	SENIOR VICE PRESIDENT
Name	O'BRIEN, ELIZABETH A.
Address	1 METLIFE PLAZA 27-01 QUEENS PLAZA NORTH
City-State-Zip:	LONG ISLAND CITY NY 11101

Title	SENIOR VICE PRESIDENT AND TREASURER
Name	DEBEL, MARLENE B
Address	1095 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10036

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: JAMES W KOEGER ASSISTANT TREASURER 04/01/2016

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