

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000006026

**Entity Name:** METLIFE SERVICES AND SOLUTIONS, LLC

**Current Principal Place of Business:**

200 PARK AVENUE  
NEW YORK, NY 10166

**FILED**  
**Apr 29, 2022**  
**Secretary of State**  
**0533459407CC**

**Current Mailing Address:**

11330 OLIVE BLVD.  
TAX DEPT. 6-B106  
ST. LOUIS, MO 63141 US

**FEI Number:** 20-5707084

**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	PRESIDENT	Title	MANAGER, SENIOR VP, DIRECTOR
Name	TADROS, RAMY	Name	CRANWELL, DAMIEN
Address	200 PARK AVENUE	Address	18210 CRANE NEST DR.
City-State-Zip:	NEW YORK NY 10166	City-State-Zip:	TAMPA FL 33647
Title	SENIOR VP	Title	VP, TREASURER
Name	KAMRA, KUSH	Name	CONNERY, CHARLES
Address	144, OXYGEN PARK, LEVEL1, LEVEL 8,9,10-TWR2 PLOT NO. 7, SECTOR-144	Address	ONE METLIFE WAY
City-State-Zip:	NOIDA UTTAR PRADESH 201304	City-State-Zip:	WHIPPANY NJ 07981
Title	ASSISTANT VP	Title	ASST. SECRETARY
Name	KLOTZBACH, MICHELLE	Name	RAPHAEL, ROBERT
Address	11330 OLIVE BLVD. TAX DEPT. 6-B106	Address	200 PARK AVENUE
City-State-Zip:	ST. LOUIS MO 63141	City-State-Zip:	NEW YORK NY 10166
Title	AUTHORIZED MEMBER	Title	SECRETARY
Name	METLIFE, INC	Name	DONCOV, STEPHANIE
Address	200 PARK AVENUE	Address	200 PARK AVENUE
City-State-Zip:	NEW YORK NY 10166	City-State-Zip:	NEW YORK NY 10166

**Continues on page 2**

*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:** MICHELLE KLOTZBACH

**ASST VP**

**04/29/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title EVP, MANAGER, DIRECTOR  
Name ZARCONI, MICHAEL  
Address 111 WASHINGTON AVE  
STE 300  
City-State-Zip: ALBANY NY 12210

Title ASST. SECRETARY  
Name BUFORD, KELLI  
Address 200 PARK AVENUE  
City-State-Zip: NEW YORK NY 10166

Title PRESIDENT, MANAGER, DIRECTOR  
Name VERMA, PAWAN  
Address 52, LAKE VIEW  
City-State-Zip: GORAKPUR UTTAR PRADESH  
634503

Title VP, SECRETARY  
Name PUIG, ALEJANDRO  
Address 501 ROUTE 22  
City-State-Zip: BRIDGEWATER NJ 08807