

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002376

Entity Name: METLIFE AUTO & HOME INSURANCE AGENCY, INC.**Current Principal Place of Business:**700 QUAKER LANE
WARWICK, RI 02886**Current Mailing Address:**700 QUAKER LANE
FMR, AREA 4C
WARWICK, RI 02886-6681 US**FEI Number:** 95-3003951**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**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR, CHAIRMAN
Name	FINCHUM, DARLA A
Address	700 QUAKER LANE
City-State-Zip:	WARWICK RI 02886

Title	VP, DIRECTOR, CFO
Name	BEDNARICK, MICHAEL J
Address	700 QUAKER LANE
City-State-Zip:	WARWICK RI 02886

Title	VP, GENERAL COUNSEL
Name	NOSTRAMO, ROBERT F
Address	700 QUAKER LANE
City-State-Zip:	WARWICK RI 02886

Title	VP
Name	HASEGAWA, LISE A.
Address	700 QUAKER LANE
City-State-Zip:	WARWICK RI 02886

Title	SECRETARY, ASST. GENERAL COUNSEL
Name	TRAVERS, MAURA C
Address	700 QUAKER LANE
City-State-Zip:	WARWICK RI 02886

Title	VP
Name	CHEAN, KEVIN
Address	700 QUAKER LANE
City-State-Zip:	WARWICK RI 02886

Title	SENIOR VP, DIRECTOR
Name	GAVIN, PAUL E
Address	700 QUAKER LANE
City-State-Zip:	WARWICK RI 02886

Title	VP
Name	BEAN, ROBERT E
Address	700 QUAKER LANE
City-State-Zip:	WARWICK RI 02886

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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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD A STEVENS

VP, CONTROLLER

04/23/2019

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title TREASURER
Name SPEHAR, EDWARD A JR.
Address 200 PARK AVENUE
City-State-Zip: NEW YORK NY 10166

Title VP, CONTROLLER
Name STEVENS, RICHARD A
Address 18210 CRANE NEST DRIVE
City-State-Zip: TAMPA FL 33647

Title SENIOR VP, CHIEF INFORMATION SECURITY
 OFFICER
Name AHMED, ZULFI S.
Address 1 METLIFE PLAZA
City-State-Zip: LONG ISLAND CITY NY 11101

Title VP
Name KOLODZIEJCZAK, MICHELLE L.
Address 700 QUAKER LANE
City-State-Zip: WARWICK RI 02886

Title EXECUTIVE VICE PRESIDENT AND EXECUTIVE
 INVESTMENT OFFICER
Name LEIST, RICHARD J
Address ONE METLIFE WAY
City-State-Zip: WHIPPANY NJ 07981

Title VP, AND INVESTMENT OFFICER
Name MONTOKA, ALBERT
Address ONE METLIFE WAY
City-State-Zip: WHIPPANY NJ 07981

Title VP, AND INVESTMENT OFFICER
Name STEVENS, JAMES S
Address ONE METLIFE WAY
City-State-Zip: WHIPPANY NJ 07981

Title VP
Name RHODES, CHRISTOPHER T
Address 700 QUAKER LANE
City-State-Zip: WARWICK RI 02886

Title VP
Name STRONG, CALVIN T
Address 700 QUAKER LANE
City-State-Zip: WARWICK RI 02886

Title VP
Name GUARDADO, LORENE E.
Address 13045 TESSON FERRY ROAD
City-State-Zip: ST. LOUIS MO 63128

Title VP
Name KLOTZBACH, MICHELLE A
Address 13045 TESSON FERRY ROAD
City-State-Zip: ST. LOUIS MO 63128

Title VP
Name MC CLAIN, AARON M
Address 200 PARK AVENUE
City-State-Zip: NEW YORK NY 10166

Title SENIOR VICE PRESIDENT AND
 SENIOR INVESTMENT OFFICER
Name REDGATE, KEVIN S
Address 10 PARK AVENUE
City-State-Zip: MORRISTOWN NJ 07962