No. W 169707 Return to:		Due no later than Jul 31, 2018 Annual Report Form		2. Registered Ag	Registered Agent and Address (NO PO BOX) C T CORPORATION SYSTEM			
				C T CORPORA				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. METLIFE SERVICES AND SOLUTIONS, LLC 13045 TESSON FERRY RD TAX DEPT B1-06 ST. LOUIS MO 63128 USA			921 S ORCHARD ST STE G			
					BOISE ID 83705 3. New Registered Agent Signature:*			
				3. <u>New</u> Register				
4. Limited Liability Com	panies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	ARNOLD SOWA		200 PARK AVENUE	NEW YORK	NY	USA	10166	
MANAGER CHRISTOPHE		ER SMITH	200 PARK AVENUE	NEW YORK	NY	USA	10166	
MANAGER DAMIEN CRANW		ANWELL	18210 CRANE NEST DR	TAMPA	FL	USA	33647	
5. Organized Under the Laws of: 6. A		6. Annual Report must be signed.*						
DE W 169707		Signature: James Koeger		Da	Date: 06/28/2018			
		Name (type or print): James Koeger		Tit	Title: Vice President			
Processed 06/28/2018		* Electronically pro	vided signatures are accepted as origina	al signatures.				