

No. <b>W 89264</b>	<b>Due no later than Dec 31, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> METLIFE AFFILIATED INSURANCE AGENCY LLC TIMOTHY C. BRADY 1095 AVENUE OF THE AMERICAS TAX DEPARTMENT - 15.440 NEW YORK NY 10036-6796		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	RODNEY GAYLE	501 ROUTE 22	BRIDGEWATER	NJ	USA	08807
MANAGER	JAMES W KOEGER	13045 TESSON FERRY ROAD	ST LOUIS	MO	USA	63128
MANAGER	CHRISTOPHER CURLEY	501 ROUTE 22	BRIDGEWATER	NJ	USA	08807
MANAGER	JOSEPH A ZDEB	1095 AVENUE OF THE AMERICAS	NEW YORK	NY	USA	10036-6796
5. Organized Under the Laws of:  <b>DE</b> <b>W 89264</b>		6. Annual Report must be signed.* Signature: Joseph A. Zdeb Name (type or print): Joseph A. Zdeb Date: 11/04/2010 Title: Vice President				
Processed 11/04/2010		* Electronically provided signatures are accepted as original signatures.				