



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 111527		2. Exact name of the limited liability company MetLife Associates LLC			
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Sales of Fixed and Variable Annuities			
5. Principal office address One MetLife Plaza, 27-01 Queens Plaza N.			City Long Island City	State NY	Zip 11101
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Timothy C. Brady			Contact Title Tax Consultant		
Street Address One MetLife Plaza, 27-01 Queens Plaza N.			City Long Island City	State NY	Zip 11101
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Leo R. Brown			Manager Name Joseph A. Zdeb		
Street Address One MetLife Plaza, 27-01 Queens Plaza N.			Street Address One MetLife Plaza, 27-01 Queens Plaza N.		
City Long Island City	State NY	Zip 11101	City Long Island City	State NY	Zip 11101
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name C T Corporation System			Address		
Address 10 Weybosset Street			City Providence	Zip 02903	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

111527

**FILED**

File Date                       
AUG 01 2008  
Check No.                       
By 14240

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Leo R. Brown      7/30/08

Signature of Authorized Person      Date

Leo R. Brown

Print or Type Name of Authorized Person