



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  
401.222.3046

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

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. 000522553	2. Exact name of the limited liability company MetLife Affiliated Insurance Agency LLC
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3. State of Formation Delaware	4. Brief description of the character of the business which is actually conducted in Rhode Island Conduit for selling insurance products.
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5. Principal office address 1095 Avenue of the Americas	City New York	State NY	Zip 10036-6796
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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 1095 Avenue of the Americas, Tax Department - 15.440	City New York	State NY	Zip 10036-6796
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7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - **DO NOT LIST MEMBERS**  
FILL IN SPACES BEFORE USING ATTACHMENTS (\*X\* BOX FOR ATTACHMENT)

Manager Name Rodney Gayle	Manager Name Joseph A. Zdeb
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Street Address 501 Route 22	Street Address 1095 Avenue of the Americas
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City Bridgewater	State NJ	Zip 08807	City New York	State NY	Zip 10036-6796
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Manager Name James Davis	Manager Name James W. Koeger
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Street Address 501 Route 22	Street Address 13045 Tesson Ferry Road
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City Bridgewater	State NJ	Zip 08807	City St. Louis	State MO	Zip 63128
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8. RESIDENT AGENT IN RHODE ISLAND  
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

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

000522553

File Date 8-11-2010
Check No. 001111666
By:
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 statement contained herein are true and correct.

	08/06 /2010
Signature of Authorized Person	Date

Joseph A. Zdeb  
Print or Type Name of Authorized Person