RALPH MORE S	tate of Rhode Island and F Office of the Secr		Fee: \$50.00	
	Division Of Busin 148 W. Rive			
Providence RI 02904-2615				
Cretary of Sta	(401) 222-			
Limited Liability Com	pany			
Annual Report Filing Period: September 1 - November 1				
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.				
ANNUAL REPORT YEAR: 2013				
1. ID No. <u>000484984</u>				
2. Exact Name of the Limited Liability Company Capital One Agency LLC				
3. State of Formation				
State: <u>DE</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
Delaware State-licensed insurance agent that primarily sells fixed annuities, variable annuities and simple				
term life insurance. Agency is registered to do business in most states. Capital One Agency, LLC, Capital				
One Financial Advisors, LLC and Capital One Investment Services, LLC employ approximately 300 individuals; employees are triual-employed.				
5. Principal Office Addre	SS			
No. and Streat: 275 B				
No. and Street:275 BCity or Town:MELV	ROADHOLLOW ROAD <u>'ILLE</u>	State: <u>NY</u> Zip: <u>11747</u> C	ountry: <u>USA</u>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: Contact Title:				
· · ·	ROADHOLLOW ROAD			
City or Town: <u>MELV</u>	I <u>LLE</u>	State: <u>NY</u> Zip: <u>11747</u> Co	ountry: <u>USA</u>	
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name	Address		
	First, Middle, Last, Suffix	Address, City or Town, State, Zi	p Code, Country	
MANAGER	THOMAS J MUDLAFF		275 BROADHOLLOW ROAD MELVILLE, NY 11747 USA	
MANAGER	PETER A APPELLO	275 BROADHOLLOW ROAD		

MELVILLE, NY 11747 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

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

Signed this 9 Day of October, 2013 at 12:16:50 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>TANGELA S. RICHTER</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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