



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. Corporate ID No.** 000024089

**2. Name of Corporation** ENTERPRISE GENERAL INSURANCE AGENCY, INC.

**3. Street Address Principal Business Office:**

No. and Street: 200 PARK AVENUE  
City or Town: NEW YORK State: NY Zip: 10166 Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: DE

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541990

**6. Brief Description of the Character of Business Conducted in Rhode Island**

AGENT/ BROKER FOR INSURANCE COMPANIES

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	ANTONIO COCOLLA	1300 HALL BOULEVARD BLOOMFIELD, CT 06002 USA
TREASURER	WILLIAM ANDERSON	ONE METLIFE WAY

		WHIPPANY, NJ 07981 USA
SECRETARY	TYLA L REYNOLDS	600 NORTH KING STREET WILMINGTON, DE 19801 USA
VP-METROPOLITAN LIFE INSURANCE CO.	JAMES W KOEGER	13045 TESSON FERRY ROAD ST. LOUIS, MO 63128 USA
ASST. VICE PRESIDENT	MICHELLE KLOTZBACH	13045 TESSON FERRY RD, B1-06 ST. LOUIS, MO 63128 USA
VICE PRESIDENT	JAMES REILLY	ONE FINANCIAL CENTER BOSTON, MA 02111 USA
DIRECTOR	FRANK CASSANDRA	501 ROUTE 22 BRIDGWATER, NJ 08807 USA
DIRECTOR	ROBERT DILL	501 ROUTE 22 BRIDGEWATER, NJ 08807 USA

### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$1.0000	1,000.00	1000

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 1 Day of March, 2018 at 11:51:17 AM.** *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By JAMES KOEGER VP AT METROPOLITAN LIFE INSURANCE CO.  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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