RI SOS Filing Number: 202446443920 Date: 2/14/2024 10:45:00 AM

State of Rhode Island	2 _Z
Department of State - Business Services Division	83=
Annual Report for the year: 2023	14 AM IO
Limited Liability Company	(0:0 (0:0
→ Filing period: February 1 - May 1	8SD
→ Filing Fee: \$50.00	33

1. Entity ID Number 000505214		2. Exact name of the Limited Liability Company Citigroup Life Agency, LLC			
3. NAICS Code 524210	Brief description of the Insurance Agency	Brief description of the character of business conducted in Rhode Island Insurance Agency			
5. State of Formation Delaware					
6 Principal Office Address 388 Greenwich Stree	t	City New York	State NY	Zip 10013	
7 Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person			
Contact Name TAX REPO	ORTING	Contact Title			
Street Address PO BOX 30509		City TAMPA	State FL	^{7_{ip}} 33630	
8. The Resident Agent inform	mation currently of record with the	he RI Department of State is acc	urate. Changes require	e filing Form 642.	
	declare and affirm that I have atements contained herein ar	e examined this report, including true and correct.	ng any accompanyin	g schedules and	
Name of Authorized Person			Date	/ /	
John Ovalles			2/1	2/13/2021	
Signature of Authorized Per	son		•	• /	

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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

Phone: (401) 222-3040 Website: www.sos.ri.gov