

1.) CORPORATION NAME:

**MetLife Auto & Home Insurance Agency, Inc.**

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060**

SCC ID NO: **F1422767**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	8,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**RI**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 700 QUAKER LANE

CITY/ST/ZIP: WARWICK, RI 02887

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	WILLIAM D MOORE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/COB		
ADDRESS:	700 QUAKER LANE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-6681		
NAME:	PAUL A LONNEMANN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	700 QUAKER LANE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-6681		
NAME:	RALPH G SPONTAK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CONT		
ADDRESS:	700 QUAKER LANE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-6681		
NAME:	MARLENE B DEBEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1095 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	NEW YORK, NY 10036		
NAME:	MAURA C TRAVERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	700 QUAKER LANE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-6681		
NAME:	MICHAEL C WALSH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP & CFO		
ADDRESS:	700 QUAKER LANE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-6681		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT F NOSTRAMO VICE PRESIDENT 700 QUAKER LANE WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VHONDA L RIDLEY VICE PRESIDENT 700 QUAKER LANE WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	INGRID E TOLENTINO VICE PRESIDENT 700 QUAKER LANE WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTEN WHITE VICE PRESIDENT 700 QUAKER LANE WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ RALPH G SPONTAK	RALPH G SPONTAK, VP/CONT	4/25/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.