# 803376

(Requestor's Name)
(Address)
,
(Address)
( iddicate)
(6) 10) 77 70
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
·
(Document Number)
Certified Copies Certificates of Status
:
Special leatwesting to Filips Offices
Special Instructions to Filing Officer:
, , ,
<b> </b>

Office Use Only

Nane OK



200076566382

06/27/06--01052--016 \*\*105.00

NSS

FILED

06 JUN 27 AM 8: 12

SECRETARY OF STATE

#### **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: The Travelers Insurance Company (Name of Corporation)		
DOCUMENT NUMBER: 803376		
The enclosed Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Kimberly Mrvica		
(Name of Contact Person)		
LeBoeuf, Lamb, Greene & MacRae LLP		
(Firm/Company)		
125 West 55th Street		
(Address)	<del></del>	
New York, NY 10019-5389 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Kimberly Mrvica at (212 ) 424-8461 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314	treet Address: Immendment Section Division of Corporations Clifton Building 661 Executive Center Circle	

# PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

## SECTION I (1-3 MUST BE COMPLETED)

803376	
(Document number of	corporation (if known)
1. The Travelers Insurance Company	97 2
(Name of corporation as it appears on	the records of the Department of State)
On a series to	41 00 4000
2. Connecticut (Incorporated under laws of)	3. August 20, 1928 (Date authorized to do business in Florida)
(incorporated under laws of)	(Date authorized to do business in Florida)
SECT	ION II
	E APPLICABLE CHANGES)
·	ŕ
4. If the amendment changes the name of the corporation,	when was the change effected under the laws of
its jurisdiction of incorporation? May 1, 2006	
5. MetLife Insurance Company of Con	
(Name of corporation after the amendment, adding suff appropriate abbreviation, if not contained in new name	ex "corporation," "company," or "incorporated," or of the corporation)
······································	
(If new name is unavailable in Florida, enter alternate co	amounts manne adouted for the numbers of transpating
business in Florida)	reporate fiamle adopted for the purpose of transacting
	1
6. If the amendment changes the period of duration, indica	te new period of duration.
(New d	uration)
7. If the amendment changes the jurisdiction of incorporat	ion, indicate new jurisdiction.
(New ju	isdiction)
$\Omega \propto \Omega$	
James Jord	
(Signature of a director, president or other officer - if in the of a receiver or other court appointed fiduciary, by that fid	hands uciary)
Daniel D. Jordan	Vice President and Assistant Secretary
(Typed or printed name of person signing)	(Title of person signing)

FILING #0003141743 PG 01 OF 02 VOL B-00878 FILED 02/14/2006 08:30 AM PAGE 01945 SECRETARY OF THE STATE CONNECTICUT SECRETARY OF THE STATE

#### CERTIFICATE OF AMENDMENT

#### OF THE CHARTER AS AMENDED AND RESTATED OF

#### THE TRAVELERS INSURANCE COMPANY

#### By Action of the Board of Directors and Shareholders

We, the undersigned, C. Robert Henrikson and Gwenn L. Carr, being respectively the President and Secretary of The Travelers Insurance Company, DO HEREBY CERTIFY that:

- 1. The name of the corporation is The Travelers Insurance Company (the "Company").
- 2. The Charter of The Travelers Insurance Company, as heretofore amended and restated (the "Charter"), is hereby further amended as follows:

Section 1 of the Charter is hereby amended and restated in its entirety to read as follows:

Section 1. The name of the corporation shall be MetLife Insurance Company of Connecticut.

- 3. The foregoing amendment of the Charter was approved and adopted by the Board of Directors on October 26, 2005 and by the sole shareholder of said corporation on November 23, 2005 in the manner required by Conn. Gen. Stat. §§ 33-600 to 33-998, inclusive, and by the certificate of incorporation.
  - 4. Vote of the shareholders:

Number of shares entitled to vote: 40,000,000
Total voting power: 40,000,000
Vote required for adoption: 20,000,001
Vote favoring adoption: 40,000,000

5. The effective date of the foregoing amendment shall be May 1, 2006.

We hereby declare that the statements made in the foregoing certificate are true.

Signed at Long Island City, New York this 19 day of February 2006.

C. Robert Henrikson

President

Gwenn L. Carr

Secretary



### **State of Connecticut**

Insurance Department

FILING #0003141743 PG 02 OF 02 VOL B-00878 FILED 02/14/2006 08:30 AM PAGE 01946 SECRETARY OF THE STATE CONNECTICUT SECRETARY OF THE STATE

This is to Certify, that the Certificate of Amendment to the Charter of The Travelers Insurance Company, as amended and restated on October 19, 1994, regarding the change of name to MetLife Insurance Company of Connecticut, as of May 1, 2006, has been reviewed and approved.

Witness my hand and official seal, at HARTFORD,

this 9th day of February, 2006

Auson F. Coperate

Insurance Commissioner

STATE OF CONNECTICUT
OFFICE OF THE SECRETARY OF THE STATE

SS. HARTFORD

I hereby certify that this is a true copy of record in this Office

SECRETARY OF THE GIATE