

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 803376

FILED
Oct 17, 2006
Secretary of State

Entity Name: METLIFE INSURANCE COMPANY OF CONNECTICUT

Current Principal Place of Business:

ONE CITYPLACE
18CP
HARTFORD, CT 061033415 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 990026
18 CP
HARTFORD, CT 061990026 US

New Mailing Address:

FEI Number: 06-0566090 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NOT REQUIRED

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCPO () Delete
Name: KOKULIS, GEORGE C
Address: ONE CITYPLACE - 19CP
City-St-Zip: HARTFORD, CT 061033415

Title: DVO () Delete
Name: LAMMEY, GLENN D
Address: ONE CITYPLACE - 19CP
City-St-Zip: HARTFORD, CT 061033415

Title: VGCD () Delete
Name: LEWITUS, MARLA B
Address: ONE CITYPLACE - 19CP
City-St-Zip: HARTFORD, CT 061033415

Title: DVO () Delete
Name: PRESTON, KATHLEEN L
Address: ONE CITY PLACE - 10P
City-St-Zip: HARTFORD, CT 061033415

Title: S (X) Delete
Name: WRIGHT, ERNEST J
Address: ONE CITYPLACE - 18CP
City-St-Zip: HARTFORD, CT 061033415

Title: DV (X) Delete
Name: CASSIDY, EDWARD W
Address: ONE CITYPLACE - 17CP
City-St-Zip: HARTFORD, CT 061033415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FARRELL, MICHAEL K
Address: 10 PARK AVENUE
City-St-Zip: MORRISTOWN, NJ 07962 US

Title: EVPG (X) Change () Addition
Name: LIPSCOMB, JAMES L
Address: 27-01 QUEENS PLAZA NORTH
City-St-Zip: LONG ISLAND CITY, NY 11101 US

Title: SVPS (X) Change () Addition
Name: CARR, GWENN L
Address: 27-01 QUEENS PLAZA NORTH
City-St-Zip: LONG ISLAND CITY, NY 11101 US

Title: AT (X) Change () Addition
Name: ZDEB, JOSEPH A
Address: 27-01 QUEENS PLAZA NORTH
City-St-Zip: LONG ISLAND CITY, NY 11101 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH A ZDEB

Electronic Signature of Signing Officer or Director

AT

10/17/2006

Date