


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90243 021 ***150.00

DOCUMENT # 803376

1. Entity Name
METLIFE INSURANCE COMPANY OF CONNECTICUT



Principal Place of Business Mailing Address

ONE CITYPLACE **P.O. BOX 990026**
18CP **18 CP**
HARTFORD, CT 06103-3415 US **HARTFORD, CT 06199-0026 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

One Cityplace **One MetLife Plaza**

Suite, Apt. #, etc. Suite, Apt. #, etc.

27-01 Queens Plaza N.

City & State City & State

Hartford, CT **Long Island City, NY**

Zip Country Zip Country

06103-3415 **USA** **11101** **USA**

40065830



04102007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

06-0566090 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E GAINES ST
TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARRELL, MICHAEL K 10 PARK AVENUE MORRISTOWN, NJ 07962 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Michael K. Farrell 10 Park Avenue Morristown, NJ 07962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPG LIPSCOMB, JAMES L 27-01 QUEENS PLAZA NORTH LONG ISLAND CITY, NY 11101 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lisa M. Weber One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS CARR, GWENN L 27-01 QUEENS PLAZA NORTH LONG ISLAND CITY, NY 11101 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ZDEB, JOSEPH A 27-01 QUEENS PLAZA NORTH LONG ISLAND CITY, NY 11101 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Delete Steven J. Brash One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. VP & Treasurer <input type="checkbox"/> Delete Anthony J. Williamson One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Steven J. Brash, Vice President, 04/11/2007, 212-578-4852**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #