

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # **810085** (1)

1. Corporation Name  
**METROPOLITAN LIFE INSURANCE COMPANY**



Principal Place of Business: **1 MADISON AVE AREA 23-VW NEW YORK NY 10010**  
Mailing Address: **1 MADISON AVE AREA 23-VW NEW YORK NY 10010**

3. Date Incorporated or Qualified: **11/30/1954**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 One Madison Ave**  
Suite, Apt. #, etc.: **Area B-FG**  
City & State: **New York, NY**  
Zip: **10010** Country: **U.S.**

2a. Mailing Address: **26 One Madison Ave**  
Suite, Apt. #, etc.: **Area B-FG**  
City & State: **New York, NY**  
Zip: **10010** Country: **U.S.**

4. FEI Number: **13-5581829**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**STATE INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NO E. Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAMEN, HARRY P.</b>	1.2 NAME	
STREET ADDRESS	<b>200 E. 78TH ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CREEDON, JOHN J.</b>	2.2 NAME	
STREET ADDRESS	<b>1 PRYOR LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARCHMONT NY</b>	2.4 CITY-ST-ZIP	
TITLE	<b>EV</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NAGLER, STEWARD</b>	3.2 NAME	
STREET ADDRESS	<b>14 MYRTLE DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREAT NECK NY</b>	3.4 CITY-ST-ZIP	
TITLE	<b>EV</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRIMMINS, ROBERT J</b>	4.2 NAME	
STREET ADDRESS	<b>39 POLLY DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HUNTINGTON NY</b>	4.4 CITY-ST-ZIP	
TITLE	<b>EV</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REIN, CATHERINE A.</b>	5.2 NAME	
STREET ADDRESS	<b>21 E. 22ND ST. APT. 8B</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REALI, JOSEPH A.</b>	6.2 NAME	
STREET ADDRESS	<b>10 DOREE RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MORGANVILLE NJ</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steven J. Brash Vice-President 4/22/96 (212) 578-2576  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Steven J. Brash Date Daytime Phone #

CR2E034 (12/95)

**Metropolitan Life Insurance Company** C-2

**List of Officers**

<b>Harry P. Kamen</b>	<b>Chairman of the Board, President and Chief Executive Officer</b>	<b>200 East 78th Street New York, NY 10021</b>
<b>Ted Athanassiades</b>	<b>Vice-Chairman of the Board</b>	<b>4436 Province Line Road Princeton, NJ 08540</b>
<b>Stewart G. Nagler</b>	<b>Sr. Executive Vice-President &amp; Chief Financial Officer</b>	<b>14 Myrtle Drive Great Neck, NY 11021</b>
<b>Gerald Clark</b>	<b>Sr. Executive Vice-President &amp; Chief Investment Officer</b>	<b>2 Harwood Drive Madison, NJ 07940</b>
<b>Gary A. Bellar</b>	<b>Executive Vice-President</b>	<b>114 East 72nd Street New York, NY 10021</b>
<b>Robert H. Benmosche</b>	<b>Executive Vice-President</b>	<b>4 Wesley Chapel Rd. Wesley Hills, NY 10901</b>
<b>Anthony C. Cannatella</b>	<b>Executive Vice-President</b>	<b>360 First Avenue New York, NY 10010</b>
<b>Robert J. Crimmins</b>	<b>Executive Vice-President</b>	<b>39 Polly Drive Huntington, NY 11743</b>
<b>Frederick P. Hauser</b>	<b>Senior Vice-President and Controller</b>	<b>8 Schuyler Drive Jericho, NY 11747</b>
<b>Carl R. Henrickson</b>	<b>Executive Vice-President</b>	<b>58 Silver Ridge Road New Canaan, CT 06840</b>
<b>David A. Levene</b>	<b>Senior-Vice President and Chief Actuary</b>	<b>6 Wincott Drive Melville, NY 11747</b>
<b>Christine N. Markussen</b>	<b>Vice-President and Secretary</b>	<b>17 Indian Head Rd. Morris Township, NJ 07960</b>
<b>John D. Moynahan, Jr.</b>	<b>Executive Vice-President</b>	<b>21 Cross Road Darien, CT 06820</b>
<b>Catherine A. Rein</b>	<b>Executive Vice-President</b>	<b>21 East 22nd Street New York, NY 10010</b>
<b>John H. Tweedie</b>	<b>Executive Vice-President</b>	<b>P.O. Box 21 Far Hills, NJ 07931</b>
<b>Arthur G. Typermass</b>	<b>Senior Vice-President and Treasurer</b>	<b>43 Chestnut Street Garden City, NY 11530</b>
<b>Joseph A. Reali</b>	<b>Vice-President</b>	<b>10 Doree Road Morganville, NJ 07751</b>
<b>Steven J. Brash</b>	<b>Vice-President</b>	<b>332 E. 84th Street New York, NY 10028</b>