

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90201 029 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # 810085**  
 1. Corporation Name  
**METROPOLITAN LIFE INSURANCE COMPANY**



Principal Place of Business 1 MADISON AVE AREA 8-FG NEW YORK NY 10010 US	Mailing Address 1 MADISON AVE AREA 8-FG NEW YORK NY 10010 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/30/1954
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 13-5581829 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C	<input checked="" type="checkbox"/> DELETE KAMEN, HARRY P. 200 E. 78TH ST. NEW YORK NY	1.1 TITLE Chairman of the Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	<input type="checkbox"/> DELETE BRASH, STEVEN J 332 EAST 84TH ST NEW YORK NY	1.2 NAME Robert H. Benmosche	
TITLE EV	<input type="checkbox"/> DELETE NAGLER, STEWARD 14 MYRTLE DRIVE GREAT NECK NY	1.3 STREET ADDRESS 4 Wesley Hills	
TITLE EV	<input type="checkbox"/> DELETE HENRIKSON, CARL R 153 SUNSET HILL RD NEW CANAAN CT	1.4 CITY-ST-ZIP New York, NY 10901	
TITLE EV	<input type="checkbox"/> DELETE REIN, CATHERINE A. 21 E. 22ND ST. APT. 8B NEW YORK NY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE SCHWARTZ, ROBERT G 701 ROSEDALE RD PRINCETON NJ	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Steven J. Brash* SIGNATURE REQUIRE *Vice-Pres.* 4/27/99 (212) 578-2576  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)