2000 UNIFORM BUSINESS REPORT (UBR)

OCUMENT # 810085 Entity Name METROPOLITAN LIFE INSURANCE COMPANY ,				,	FILED May 16, 2000 8:00 at Secretary of State 05-16-2000 90029 018 ***150.00			
ADISON AVE.	Mailing Address ONE MADISON AVE.				05 10 2	000 9002	J 010	130.00
8FG AREA 8FG YORK NY 10010 NEW YORK NY 10010-3603 US								
rincipal Place of Business 3. Mailing Address					DO NOT WRITE IN THIS SPACE			
ite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.						
y & State	City & State		,	4. F	13-558		No	plied For at Applicable
Country	Zip	Coun	ntry		ertificate of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Curren	nt Registered Agent		Name	7. N	ame and Address of New F	legistered A	Agent	
FLORIDA INSURANCE COMMISSIONER THE CAPITOL BLDG TALLAHASSEE FL 32301			Street Addr		x Number is Not Acceptable	e)		
IALLANASSEE PL 32301						FL	Zip Cod	e
ne above named entity submits this statement	for the purpose of changing	its register	ed office or reg	istered age	nt, or both, in the State of Flo		<u> </u>	
						DATE		
Signature in bed or printed hame of registered against corporation is eligible to satisfy its Intangio is filling requirement and elects to do so.	FILE NC	W!!! FEE , 2000 Fee			Election Campaign Fir Trust Fund Contribution	nancing		O May Be
nis corporation is eligible to satisfy its Intangio x filing requirement and elects to do so. ee criteria on back)	FILE NO	W!!! FEE , 2000 Fee	IS \$150.00 will be \$550 epartment of	00 State	10. Election Campaign Fir	nancing n. [Added	to Fees
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR