2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # F02000006208

1. Entity Name
METLIFE GROUP, INC.



FILED Apr 26, 2004 8:00 am Secretary of State 04-26-2004 90475 050 ***150.00

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Principal Place of Business Mailing Address				34065701					
ONE METLIFE PLAZA 27-01 QUEENS PLAZA NORTH LONG ISLAND CITY, NY 11101 US ONE METLIFE PLAZA 27-01 QUEENS PLAZA NORTH LONG ISLAND CITY, NY 11101 US		A A B B 23 B B 4 (17)							
2. Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04062004	2004 Chg-P CR2E034 (10/03)				
City & State	City & State City &		City & State		4. FEI Numbe 55-079				plied For t Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$	8.75 Addee Required	litional d
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
			- I	Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			}-	Street Address (P.O. Box Number is Not Acceptable)					
			ļ-,	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_	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered Ac	gent signatu	re required when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.									
10	OFFICERS AND D	DIRECTORS	11.			CHANGES TO OFFI	CERS AND D	RECTORS	S IN 11
TITLE	VASD	X Delete	TITLE		V			Change	X Addition
NAME	COLLINS, RICHARD S		NAME		Brash, Stev	en I.			
STREET ADDRESS	ONE MADISON AVENUE		STREET A	ADDRESS	One MetLife Plaza, 27-01 Queens Plaza N.				i
CITY-ST-ZIP	NEW YORK, NY 10010		CITY-ST	-ZIP	Long Island	l City NY	11101		ļ
TITLE	P	√ Delete	TITLE					Change	Addition
NAME	BELLER, GARY A	Y Delete	NAME		PD C of the		,	Onlinge	A LICENSON
STREET ADDRESS	ONE MADISON AVENUE		STREET	ADDRESS	Robert H. I				ļ
CITY-ST-ZIP	NEW YORK, NY 10010		CITY-ST-		One Madison New York, N	I AVEIIUE			
TITLE	VS	☐ Delete	TITLE		New TOLK, I	11 10010		Change	Addition
NAME	CARR, GWENN L	T' Delete	NAME	1			,	onengo	
STREET ADDRESS	ONE MADISON AVENUE		STREET /	ADDRESS					
CITY-ST-ZIP	NEW YORK, NY 10010		CITY-ST	1					
TITLE	VAT	X Delete	TITLE		VC of the B	oard D		Change	X Addition
NAME	DEDRICK, TRACEY A	Delete	NAME	- 1			L	Change	DE Modifier
STREET ADDRESS	27-01 QUEENS PLAZA NORTH			ADDRESS	Nagler, Ste	wart G.			1
CITY-ST-ZIP	LONG ISLAND CITY, NY 11101		CITY-ST	I	One Madison New York, N	Avenue v 10010			ļ
	VAS	☐ Delete	TITLE		New TOLK, II	1 10010		Change	Addition
TITLE NAME	GAUGHAN, JAMES D	□ Delete	NAME			·	1	Change	
STREET ADDRESS	ONE MADISON AVENUE			ADDRESS					
CITY-ST-ZIP	NEW YORK, NY 10010		CITY-ST						İ
								7 Chance	☐ Additions
TITLE	SVPT WILLIAMSON, ANTHONY J	☐ Delete	TITLE				l	Change	Addition
NAME STREET ADDRESS	27-01 QUEENS PLAZA NORTH		NAME STREET	ADDRESS					l
CITY-ST-ZIP	LONG ISLAND CITY, NY 11101		CITY-ST						
	certify that the information supplied with	this filing does not avalify for		!	ed in Section 110 07/91	(i) Florida Statutos I	further core	u that the i	oformation
· · · i ligiany i	zorany marine involvination supplied with	and ming does not quality for	and eyen if	ושום ווטייי	PO HI OCCHOIL LISION (S)	op i igrica Statutes. I	nariner certil	y 14 100 L U 1107 H	normadon

mereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that wisignature 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, 04/16/2004, 212-578-4832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #