2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# F04000003505

Entity Name: METLIFE INVESTORS DISTRIBUTION COMPANY

Current Principal Place of Business:

13045 TESSON FERRY RD.
ST. LOUIS, MO 63128

New Principal Place of Business:

Current Mailing Address:

ONE METLIFE PLAZA
27-01 QUEENS PLAZA NORTH
LONG ISLAND CITY, NY 11101

New Mailing Address:

1095 AVENUE OF THE AMERICAS
TAX DEPARTMENT - 15TH FLOOR
NEW YORK, NY 10036

FEI Number: 43-1906210 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SYLVESTER, PAUL
Address: 10 PARK AVE
City-St-Zip: MORRISTOWN, NJ 07962

Title: S ( ) Delete
Name: PEARSON, RICHARD C
Address: FIVE PARK PLAZA
City-St-Zip: IRVINE, CA 92614

Title: VP ( ) Delete
Name: MARKHAM, CRAIG W
Address: 13045 TESSON FERRY RD
City-St-Zip: ST. LOUIS, MO 63128

Title: AT ( ) Delete
Name: KOEGER, JAMES W
Address: 13045 TESSON FERRY RD.
City-St-Zip: ST. LOUIS, MO 63128

Title: D ( ) Delete
Name: FARRELL, MICHAEL K
Address: 10 PARK AVE
City-St-Zip: MORRISTOWN, NJ 07962

Title: AVP ( ) Delete
Name: HARRISON, GREGORY M
Address: ONE METLIFE PLAZA 27-01 QUEENS PLAZA NORTH
City-St-Zip: LONG ISLAND CITY, NY 11101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SYLVESTER, PAUL
Address: 10 PARK AVENUE
City-St-Zip: MORRISTOWN, NJ 07962

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: AVP (X) Change ( ) Addition
Name: MCLINDEN, TIMOTHY J
Address: 1095 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY J. MCLINDEN AVP 03/19/2009

Electronic Signature of Signing Officer or Director — Date