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FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1998**

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

DOCUMENT # **P00572** **(8)**

1. Corporation Name
**METLIFE GENERAL INSURANCE AGENCY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ONE MADISON AVE.<br>AREA 8FG<br>NEW YORK NY 10010<br>US | ONE MADISON AVE.<br>AREA 8FG<br>NEW YORK NY 10010<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1984

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number: 13-3179826 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BLDG
TALLAHASSEE FL 32301

**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 | P | ☒ DELETE | 1.1 TITLE | PRESIDENT | ☒ Change ☐ Addition |
| NAME | ARONSON, RICHARD R | | 1.2 NAME | HULHALL, JOHN | |
| STREET ADDRESS | ONE MADISON AVE | | 1.3 STREET ADDRESS | ONE MADISON AVE. | |
| CITY-ST-ZIP | NEW YORK NY | | 1.4 CITY-ST-ZIP | NEW YORK, NY 10010 | |
| TITLE | T | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | PANETTA, JOSEPH M | | 2.2 NAME | | |
| STREET ADDRESS | ONE MADISON AVE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY | | 2.4 CITY-ST-ZIP | | |
| TITLE | V | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SALERNO, ANTHONY C | | 3.2 NAME | | |
| STREET ADDRESS | ONE MADISON AVE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY | | 3.4 CITY-ST-ZIP | | |
| TITLE | S | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SHUMAN, IRA H | | 4.2 NAME | | |
| STREET ADDRESS | ONE MADISON AVE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☒ DELETE | 5.1 TITLE | DIRECTOR | ☒ Change ☐ Addition |
| NAME | JORDAN, JOSEPH W | | 5.2 NAME | BREWSTER, LAWRENCE J. | |
| STREET ADDRESS | ONE MADISON AVE | | 5.3 STREET ADDRESS | ONE MADISON AVENUE | |
| CITY-ST-ZIP | NEW YORK NY | | 5.4 CITY-ST-ZIP | NEW YORK, NY 10010 | |
| TITLE | AV | ☒ DELETE | 6.1 TITLE | ASST. VICE-PRES. | ☒ Change ☐ Addition |
| NAME | BRASH, STEVEN J | | 6.2 NAME | BROWN, LEO R. P | |
| STREET ADDRESS | ONE MADISON AVE | | 6.3 STREET ADDRESS | ONE MADISON AVE | |
| CITY-ST-ZIP | NEW YORK NY | | 6.4 CITY-ST-ZIP | NEW YORK, NY 10010 | |

CR2E034 (10/97)

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.

SIGNATURE: Leo R. Brown LEO R. BROWN AST. VICE-PRES. 4/ 1998 212-578-6494

COMPANY: METLIFE GENERAL INSURANCE AGENCY, INC.
ROLE: OFFICER

| Name | Title |
|---|---|
| BRASH, STEVEN J. | ASSISTANT VICE PRESIDENT |
| BROWN, LEO R. | ASSISTANT VICE-PRESIDENT |
| IRVINE, MICHAEL R. | VICE-PRESIDENT |
| JENSENN, RONALD | VICE-PRESIDENT |
| MITCHELL, RICHARD | VICE-PRESIDENT & CONTROLLER |
| MULHALL, JOHN | PRESIDENT |
| PANETTA, JOSEPH M. | TREASURER |
| SALERNO, ANTHONY C. | VICE-PRESIDENT |
| SHUMAN, IRA H. | SECRETARY |
| THOMPSON, JOHN | VICE-PRESIDENT |

DIRECTORS AND OFFICERS LISTING



COMPANY: METLIFE GENERAL INSURANCE AGENCY, INC.
ROLE: DIRECTOR

| Name | Title |
|---|---|
| BREWSTER, LAWRENCE J. | |
| IRVINE, MICHAEL R. | VICE-PRESIDENT |
| JORDAN, JOSEPH W. | |
| LEFF, HAROLD B. | |
| MITCHELL, RICHARD | VICE-PRESIDENT & CONTROLLER |
| MOORE, WILLIAM | |
| MULHALL, JOHN | PRESIDENT |
| POWELL, ROBERT W. | |
| REITER, ELLIOT | |
| TARTRE, RICHARD R. | CHAIRMAN OF THE BOARD AND CEO |