2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90197 005 ***150.00

DOCUMENT # P00572

1. Entity Name

METLIFE GENERAL INSURANCE AGENCY, INC.

656947

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 13-3179826 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLORIDA INSURANCE COMMISSIONER THE CAPITOL BLDG TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MULHALL, J ONE MADISON AVE NEW YORK NY	☒ Delete	P MICHAEL R IRVINE THREE JENIFER LANE COS COB, CT 06807	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PANETTA, JOSEPH M ONE MADISON AVE NEW YORK NY	☒ Delete	T JANET MORGAN EIGHT PEQUA LANE COMMACK, NY 11725	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SALERNO, ANTHONY C ONE MADISON AVE NEW YORK NY	☒ Delete	V ANTHONY M SARDIS 485 E. US HWY. 1 SOUTH, SUITE 370 ISELIN, NJ 08830	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHUMAN, IRA H ONE MADISON AVE NEW YORK NY	☐ Delete	D JOSEPH W JORDAN ONE MADISON AVENUE NEW YORK, NY 10010	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BREWSTER, L J ONE MADISON AVE NEW YORK NY	☐ Delete	D NICK B ABRAMOVICH ONE MADISON AVENUE NEW YORK, NY 10010	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVP BRWON, L R P ONE MADISON AVE NEW YORK NY 10010	☒ Delete	D DAVID M ACSELROD 501 BOYLSTON STREET BOSTON, MA 02116	☐ Change ☒ Addition

CR2E034 (10/00)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Nick B. Abramovich Director 04/26/01 212-578-4832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #