Metropolitan Life Insurance Company One Madison Avenue, New York, NY 10010-3690 Metropolitan Life Insurance Company One Madison Avenue, New York, NY 10010-3690

Tax Department

Florida Division of Corporations PO BOX 6327 Tallahassee, FL 32314

RE: MetLife General Insurance Agency, Inc.

- FEIN#: 13-3179826

100004512591---

Dear Sir or Madam,

As per the request of a representative from the Florida Secretary of State, we were asked to change the name and address of our current registered agent to the name and address of a new registered agent. Enclosed, please find the Statement of Change of Registered Agent for Corporations for a new registered agent. The representative told us that the filing fee of \$35.00 would be waived in this case. Therefore, we are not sending a payment for the filing fee at this time.

If you have any questions on this matter, please call me at (212) 578-4832.

Sincerely

Charles G. Douglas Tax Manager

July 25, 2001

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STATEMENT OF CHANGE OF REGISTERED ÖFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Delaware.
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida
1. The name of the corporation: Metlife General Insurance Agency Inc
FET # 13-3179826
2. The mailing address of the corporation: One Maditon Ave. Acc. 8 F.G.
New York NY 10010
3. Date of incorporation/qualification: 01/12/1984 Document number: POO 572
4. The name and address of the current registered agent and office:
Florida Insurance commissioner
The capital Bilda
Tallahassee FL 32301
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
CT corporation system
1200 S. Pine Island 20
Planation FL 33324
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
(Signature of an officer, chairman or vice chairman of the board) (Date)
(Signature of an officer, chairman or vice chairman of the board)
Leo R. Brown (Asst. VP) (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation. I hereby accept the appointment as registered agent and accept agent and accept the above stated
I further agree to comply with the provisions of all statutes relative to the end of the resistance of the provisions of all statutes relative to the end of the resistance of the end of t
performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) Pecial Assistant Secretary (Gapacity)
* * * FILING FEE: \$35.00 * * *

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