2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State
03-06-2002 90075 032 ***150.00

DOCUMENT # P00572

1. Entity Name
METLIFE GENERAL INSURANCE AGENCY, INC.

B0038369

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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, 2002 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 IRVINE, MICHAEL R THREE JENIFER LANE COS COB CT 06807	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P John F. Bohinski, Sr. 485-E US Highway-1 South, Suite 370 Iselin, NJ 08830	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MORGAN, JANET EIGHT PEQUIA LANE COMMACK NY 11725	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILLIAMSON, ANTHONY J. ONE MADISON AVENUE NEW YORK, NY 10010	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SARDIS, ANTHONY M 485 E US HWY 1 SOUTH SUITE 370 ISELIN NJ 08830	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BRUNSON, KIMBERLY D. 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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BREWSTER, L J ONE MADISON AVE NEW YORK NY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ACSELROD, DAVID M. 501 BOYLSTON STREET BOSTON, MA 02116	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JORDAN, JOSEPH W ONE MADISON AVENUE NEW YORK NY 10010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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: _____ IRA H. SHUMAN SECRETARY 02 /20 /2002, 212-578-4832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #