

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00572

1. Entity Name
METLIFE GENERAL INSURANCE AGENCY, INC.

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90075 032 ***150.00

Principal Place of Business

ONE MADISON AVE.
AREA 8FG
NEW YORK NY 10010
US

Mailing Address

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

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☒ Delete
NAME P
STREET ADDRESS IRVINE, MICHAEL R
CITY-ST-ZIP THREE JENIFER LANE
COS COB CT 06807

TITLE ☐ Change ☒ Addition
NAME P-
STREET ADDRESS John F. Bohinski, Sr.
CITY-ST-ZIP 485 E US Highway 1 South, Suite 370
Iselin, NJ 08830

TITLE ☒ Delete
NAME T
STREET ADDRESS MORGAN, JANET
CITY-ST-ZIP EIGHT PEQUIA LANE
COMMACK NY 11725

TITLE ☐ Change ☒ Addition
NAME T
STREET ADDRESS WILLIAMSON, ANTHONY J.
CITY-ST-ZIP ONE MADISON AVENUE
NEW YORK, NY 10010

TITLE ☒ Delete
NAME V
STREET ADDRESS SARDIS, ANTHONY M
CITY-ST-ZIP 485 E US HWY 1 SOUTH SUITE 370
ISELIN NJ 08830

TITLE ☐ Change ☒ Addition
NAME V
STREET ADDRESS BRUNSON, KIMBERLY D.
CITY-ST-ZIP 485 E US HWY 1 SOUTH, SUITE 370
ISELIN, NJ 08830

TITLE ☐ Delete
NAME S
STREET ADDRESS SHUMAN, IRA H
CITY-ST-ZIP ONE MADISON AVE
NEW YORK NY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

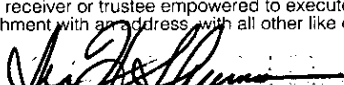
TITLE ☒ Delete
NAME D
STREET ADDRESS BREWSTER, L J
CITY-ST-ZIP ONE MADISON AVE
NEW YORK NY

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS ACSELROD, DAVID M.
CITY-ST-ZIP 501 BOYLSTON STREET
BOSTON, MA 02116

TITLE ☐ Delete
NAME D
STREET ADDRESS JORDAN, JOSEPH W
CITY-ST-ZIP ONE MADISON AVENUE
NEW YORK NY 10010

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

CR2E034 (9/01)