2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90475 049 ***150.00

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DOCUMENT # P00572

1. Entity Name
METLIFE GENERAL INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
~~ONE METLIFE PLAZA~~ One MetLife Plaza 27-01 QUEENS PLAZA NORTH LONG ISLAND CITY, NY 11101 US	~~ONE METLIFE PLAZA~~ One MetLife Plaza 27-01 QUEENS PLAZA NORTH LONG ISLAND CITY, NY 11101 US

04062004 Chg-P CR2E034 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOHINSKI, JOHN F SR 485-E US HWY 1 SOUTH SUITE 370 ISELIN, NJ 08830	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILLIAMSON, ANTHONY J ONE METLIFE PLAZA, 27-01 QUEENS PLAZA N LONG ISLAND CITY, NY 11101	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BRUNSON, KIMBERLY D 485 E US HWY 1 SOUTH SUITE 370 ISELIN, NJ 08830	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Kirsopp, Kimberly B. 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	S Shuman, Ira H. One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ACSELROD, DAVID M 501 BOYLSTON STREET BOSTON, MA 02116	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JORDAN, JOSEPH W HARBORSIDE FINANCIAL CENTER, 600 PLAZA II JERSEY CITY, NJ 07311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ira H. Shuman Ira H. Shuman, Secretary, 4/12/04, 212-578-4832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #