

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90038 004 ***150.00

DOCUMENT # P00572

1. Entity Name
METLIFE GENERAL INSURANCE AGENCY, INC.



Principal Place of Business
**ONE METLIFE PLAZA
27-01 QUEENS PLAZA NORTH
LONG ISLAND CITY, NY 11101 US**

Mailing Address
**ONE METLIFE PLAZA
27-01 QUEENS PLAZA NORTH
LONG ISLAND CITY, NY 11101 US**

50010047



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03032006 Chg-P CR2E034 (11/05)

City & State
Zip Country

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RENNA, PETER J 485-E US HWY 1 S ISELIN, NJ 08830 ☐ Delete
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	V KIRSOPP, KIMBERLY B 485 E US HWY 1 SOUTH SUITE 370 ISELIN, NJ 08830 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SHURMAN, IRA H ONE METLIFE PLAZA, 27-01 QUEENS PLAZA N. LONG ISLAND CITY, NY 11101 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP HARRISON, GREGORY ONE METLIFE PLAZA 27-01 QUEENS PLAZA N LONG ISLAND CITY, NY 11101 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAUGHAN, JAMES ONE METLIFE PLAZA 27-01 QUEENS PLAZA N LONG ISLAND CITY, NY 11101 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Peter J. Renna 300 Davidson Avenue Somerset, NJ 08873 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D; VP Margery A. Brittain One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Daniel D. Jordan 501 Boylston Street Boston, MA 02116 ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Gregory M. Harrison

Gregory M. Harrison, A V P, 3/28/2006,

212-578-4852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #