

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 803376

**FILED**  
**Apr 27, 2017**  
**Secretary of State**  
**CC9171669766**

**Entity Name:** BRIGHHOUSE LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

11225 NORTH COMMUNITY HOUSE ROAD  
CHARLOTTE, NC 28277

**Current Mailing Address:**

11225 NORTH COMMUNITY HOUSE ROAD  
CHARLOTTE, NC 28277 US

**FEI Number:** 06-0566090

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CHAIRMAN, PRESIDENT, CEO,  
DIRECTOR

Name STEIGERWALT, ERIC

Address 11225 NORTH COMMUNITY HOUSE  
ROAD  
GRAGG BUILDING

City-State-Zip: CHARLOTTE NC 28277

Title TAX PREPARER, VP METROPOLITAN  
LIFE INSURANCE COMPANY

Name KOEGER, JAMES

Address 13045 TESSON FERRY ROAD

City-State-Zip: ST. LOUIS MO 63128

Title VP, TREASURER

Name CHANG, JIN

Address 11225 NORTH COMMUNITY HOUSE  
RD  
GRAGG BUILDING

City-State-Zip: CHARLOTTE NC 28277

Title VP, TAX DIRECTOR

Name ZANGHI, PHYLLIS

Address 11225 NORTH COMMUNITY HOUSE  
RD  
GRAGG BUILDING

City-State-Zip: CHARLOTTE NC 28277

Title VP, ASST. SECRETARY

Name JENKELOWITZ, JACOB

Address 200 PARK AVENUE

City-State-Zip: NEW YORK NY 10166

Title VP, SECRETARY

Name ARRINGTON, D. BURT

Address 11225 NORTH COMMUNITY HOUSE  
RD  
GRAGG BUILDING

City-State-Zip: CHARLOTTE NC 28277

Title VP, CFO, DIRECTOR

Name BHALLA, ANANT

Address 11225 NORTH COMMUNITY HOUSE  
RD  
GRAGG BUILDING

City-State-Zip: CHARLOTTE NC 28277

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES KOEGER

TAX PREPARER, VP  
METROPOLITAN LIFE  
INSURANCE COMPANY

04/27/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date