

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 803376

**Entity Name:** METLIFE INSURANCE COMPANY USA

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC4371282153**

**Current Principal Place of Business:**

18210 CRANE NEST DRIVE  
FLOOR 02C  
TAMPA, FL 33647

**Current Mailing Address:**

13045 TESSON FERRY RD.  
TAX DEPARTMENT B1-06  
ST. LOUIS, MO 63128 US

**FEI Number: 06-0566090**

**Certificate of Status Desired: No**

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

CHIEF FINANCIAL OFFICER  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32314-6200 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 PD  
Name STEIGERWALT, ERIC T.  
Address 501 ROUTE 22  
City-State-Zip: BRIDGEWATER NJ 08807

Title D  
Name FORGET, ELIZABETH M.  
Address 1095 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10036

Title S  
Name JENKELOWITZ, JACOB M  
Address 1095 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10036

Title SR. VP  
Name BRASH, STEVEN J  
Address 1095 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10036

Title SVPT  
Name DEBEL, MARLENE B  
Address 1095 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR  
Name LUNMAN, GENE L.  
Address 1300 HALL BOULEVARD  
City-State-Zip: BLOOMFIELD CT 06002

Title VP  
Name KOEGER, JAMES W.  
Address 13045 TESSON FERRY ROAD  
City-State-Zip: ST. LOUIS MO 63128

Title AVP  
Name WERSCHING, PATRICIA M.  
Address 13045 TESSON FERRY ROAD  
City-State-Zip: ST. LOUIS MO 63128

*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 W. KOEGER**

**VICE PRESIDENT**

**01/12/2015**

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

\_\_\_\_\_  
Date