

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 803376

Entity Name: METLIFE INSURANCE COMPANY OF CONNECTICUT

Current Principal Place of Business:

1300 HALL BOULEVARD
BLOOMFIELD, CT 06002

Current Mailing Address:

1095 AVENUE OF THE AMERICAS
TAX DEPARTMENT - MSC-15017
NEW YORK, NY 10036 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 TORRES, ISAAC
Address 1095 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10036

Title AVP
Name ZDEB, JOSEPH A
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

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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: JOSEPH A. ZDEB

**ASSISTANT VICE
PRESIDENT**

04/09/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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