

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 810085

Entity Name: METROPOLITAN LIFE INSURANCE COMPANY

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 13-5581829

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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 DPCE
Name KANDARIAN, STEVEN A
Address 1095 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10036

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

Title VP
Name MCLINDEN, TIMOTHY J
Address 1095 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10036

Title VPS
Name DEBIASE, CHRISTINE M
Address 1095 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10036

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

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

Title DIRECTOR
Name KEANE, JOHN M.
Address 200 PARK AVENUE
City-State-Zip: NEW YORK NY 10166

Title DIRECTOR
Name PRICE, HUGH B.
Address 200 PARK AVENUE
City-State-Zip: NEW YORK NY 10166

Continues on page 2

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

04/21/2014

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

Title VP
Name KOEGER, JAMES W
Address 13045 TESSON FERRY RD., B1-06
City-State-Zip: ST. LOUIS MO 63128