

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 810085

**Entity Name:** METROPOLITAN LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

1095 AVENUE OF THE AMERICAS  
NEW YORK, NY 10036

**Current Mailing Address:**

1095 AVENUE OF THE AMERICAS  
TAX DEPARTMENT - MSC-15017  
NEW YORK, NY 10036 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 WANG, LULU C.  
Address 200 PARK AVENUE  
City-State-Zip: NEW YORK NY 10166

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

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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:** TIMOTHY J. MCLINDEN

**VICE PRESIDENT**

**04/09/2013**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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