

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 810085

**Entity Name:** METROPOLITAN LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

200 PARK AVENUE  
NEW YORK, NY 10166

**Current Mailing Address:**

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

Title EXECUTIVE VP  
Name DEBEL, MARLENE  
Address 200 PARK AVENUE  
City-State-Zip: NEW YORK NY 10166

Title CHAIRMAN, PRESIDENT, CEO,  
DIRECTOR  
Name KANDARIAN, STEVEN  
Address 200 PARK AVENUE  
City-State-Zip: NEW YORK NY 10166

Title SECRETARY, VP  
Name PINA, JEANNETTE  
Address 200 PARK AVENUE  
City-State-Zip: NEW YORK NY 10166

Title EXECUTIVE VP, CFO  
Name MCCALLION, JOHN  
Address 200 PARK AVENUE  
City-State-Zip: NEW YORK NY 10166

*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

**VICE PRESIDENT**

**05/10/2018**

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

\_\_\_\_\_  
Date