

**2023 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

**FILED**  
**Apr 21, 2023**  
**Secretary of State**  
**6552695201CC**

**Current Mailing Address:**

11330 OLIVE BLVD  
6-B106  
ST. LOUIS, MO 63141 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 KLOTZBACH, MICHELLE  
Address 11330 OLIVE BLVD  
6-B106  
City-State-Zip: ST. LOUIS MO 63141

Title CHAIRMAN, PRESIDENT, CEO,  
DIRECTOR  
Name KHALAF, MICHEL  
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

Title ASST. SECRETARY  
Name DONCOV, STEPHANIE  
Address 200 PARK AVENUE  
City-State-Zip: NEW YORK NY 10166

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

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

Title EXEC VP, TREASURER  
Name OLIVER, LYNDON  
Address 200 PARK AVENUE  
City-State-Zip: NEW YORK NY 10166

Title ASST. SECRETARY  
Name WANG, JENNIFER  
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: MICHELLE KLOTZBACH**

**VICE PRESIDENT**

**04/21/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name WATSON, KATHRYN  
Address 200 PARK AVENUE  
City-State-Zip: NEW YORK NY 10166

Title ASST. SECRETARY  
Name BERNSTEIN, DANIELLE  
Address 200 PARK AVENUE  
City-State-Zip: NEW YORK NY 10166

Title ASST. SECRETARY  
Name FRANKLIN, VANESSA  
Address 200 PARK AVENUE  
City-State-Zip: NEW YORK NY 10166